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# 5<sup>th</sup> INTERNATIONAL CONFERENCE ON THE REDUCTION OF DRUG RELATED HARM

Toronto Ontario Canada  
March 6-10 1994



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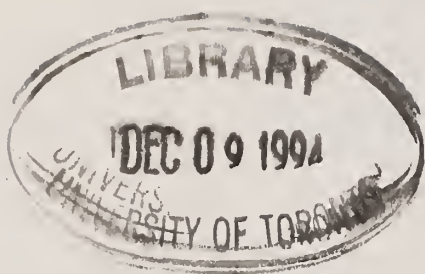


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A

**ABDUL-QUADER, Abu S.; and STIMSON, Gerry.**

World Health Organization (WHO), Switzerland

**HARM REDUCTION IN DEVELOPING COUNTRIES**

The primary focus of this workshop will be on different harm reduction strategies currently being practised and implemented in a number of developing countries. Examples from India, Myanmar and Viet Nam will be discussed. Participants will be presented with some basic information on drug use practices in these countries and what is currently being done to alleviate the situation. Then the participants will discuss different harm reduction approaches that can be implemented within the existing socio-political and economic conditions in these countries. The informal format is expected to stimulate participation, and perhaps the development of concrete approaches.

**ABDULRAHIM, Dima; WHITE, David;  
BOYD, Geoff; PHILLIPS, Keith; and NICHOLSON, Jo.**

University of East London, UK

**DRUGS AND HONOUR: A CULTURAL CONSTRUCTION OF DRUG USE**

This paper will investigate the cultural construction of drug use among Cypriots in London. It will look at the use of psychoactive substances as a site of cultural production, around which meaning is generated. It will explore the dynamics of drug-taking and the construction of gender roles and ethnic boundaries.

The paper will look at the use of drugs in terms of the norms and values of the reference groups with which Cypriots identify. It will investigate how drug use is partially constructed by the concepts of 'Shame' and 'Honour'; and, it will show how notions of 'reputation' and 'respectability' can hinder contact with support and care services.

The paper will investigate how drug agencies meet the needs of Cypriot users and their families. It will investigate how the structures and practices of organizations can exclude people from services and will discuss the structural constraints which impede appropriate and equitable service development.

**ABEL, Ernest**

Wayne State University, USA

**FAS ON THE DOCKET**

FAS is a pattern of anomalies occurring in children born to alcoholic women who drink during pregnancy and consists of a) low birth weight and/or postnatal growth retardation, b) physical defects, and c) central nervous system (CNS) damage. All three components of the pattern must be present for a valid diagnosis. Individual abnormalities associated with alcohol exposure during pregnancy are called "fetal alcohol effects" (FAE) or "alcohol-related birth defects" (ARBD). However, FAE or ARBD is a concept rather than clinically diagnosable feature, since a single anomaly can be associated with a great many other syndromes and causal factors, e.g., smoking.

FAS is relatively uncommon even among alcoholic women. The overall incidence is estimated at 3 per 10,000 live births, and 6 cases for every 100 births among heavy drinkers. The fact that these estimates are relatively low indicates other risk factors must be present in conjunction with consumption of alcohol for FAS to occur.

While there is also growing evidence that relatively few children are affected by ARBDs/FAS, ARBDs/FAS have become embroiled in issues that go far beyond public health. Labels warning about the potential dangers of drinking during pregnancy are now mandatory on alcohol beverage containers in the U.S., although no levels of consumption are indicated. The effectiveness of these labels has yet to be determined. Alcohol beverage companies have now been sued because they failed to warn the public of the potential danger for drinking during pregnancy. Women have been charged with "fetal child abuse" because they drank during pregnancy, and children have been forcibly removed from their mothers because these mothers drank during pregnancy. FAS has now also been raised as a defence in felony assault and in homicide cases. These issues have transformed a public health concern into a sociopolitical and legal "cause celebre."

**ADLAF, Ed; and ERICKSON, Patricia**

Addiction Research Foundation, Canada

**THE COCAINE EPIDEMIC IN CANADA AND THE UNITED STATES**

Drug policies aimed at reducing the harm due to drug use should be informed by an understanding of the stages of

drug epidemics. Canadian drug policies are often driven by American drug epidemics rather than the extent of drug use in Canada. Using population survey data this paper will compare the cocaine epidemic between Canada and the U.S., and will explore the possibility that the two countries have different drug-epidemic potentials.

**ADRIAN, Manuella; and FERGUSON, Brian S.**

Addiction Research Foundation, Canada, and Department of Economics, University of Guelph, Canada.

**CAN PRICING POLICIES BE USED TO REDUCE IMPAIRED DRIVING?**

Economists tell us there is a negative relationship between the price of a good and how much people consume of it. Generally, when prices drop, consumption increases, and when prices increase, consumption drops. One exception to this negative relation between price and consumption is for products that are price inelastic, that is, as the price of a good decreases, consumption does not increase as much as would be expected and, vice versa, as price increases, consumption does not drop to expected levels. This is usually the case with products which may be deemed to be "necessities" of life, such as bread or milk, or in some cases, addictive substances.

In Canada, consumption of alcohol is both responsive to price changes and price inelastic, depending on the type of alcoholic beverage, the jurisdiction and the time period. The availability of a core market of irreducible consumption raises opportunities for seemingly guaranteed revenues for manufacturers, distributors, retailers and government taxation. However, pricing policies have also been used, from a public health perspective, to reduce alcohol consumption either directly or by shifting consumption to an alcoholic beverage with a lower alcohol content. Thus, it would appear that there are opportunities to reduce the incidence and prevalence of alcohol-related problems, such as impaired driving by raising the price of alcohol. Empirical evidence is used to illustrate these points.

**AGNOLETTI, Vittorio; PASSARELLO, Paolo; TRADATI, Carlo; LAMARCA, Paolo; and DI BENEDETTO, Simone.**

Italian League for the Fight Against AIDS (LILA); Cooperative Nuova S. Giuliano Milanese; Italy

**OUTREACH UNIT FOR HIV HARM REDUCTION AMONG ACTIVE DRUG USERS - EVALUATION OF 2 YEARS ACTIVITY IN SAN GIULIANO MILANESE - OCTOBER 1991/OCTOBER 1993**

**PURPOSE:** To contain the spread of HIV among active drug users, and to prevent HIV transmission from drug users to the general population.

**METHODOLOGY/SOURCES:**

- preparation of a geographic map of the territory showing transit points, ritual points, get together points
- establishment of contacts with police and pharmacies
- installation of syringe exchange machines
- distribution of information material, condoms, and exchange of syringes effected by the street workers in the mobile unit, who "capture" drug users
- management of a hot line for counselling activities through a team of telephone operators
- organization of happenings on the territory by project supporters
- management of the HIV issue by the local drug unit, which did not impose abstinence.

**RESULTS:**

- street operator's contacts: 96
- total syringes delivered in 430 days: 36,364
- percentage of syringes exchanged through machines on total number of syringes sold: 43%
- percentage of syringes exchanged through mobile unit on total syringes distributed: 60%
- percentage of discarded syringes for the present year, as of October 1993, has registered so far a reduction of more than 50% if compared to 1991 data.
- only 3.3% of the general population who answered a questionnaire on the project were not in agreement with the objectives of the street work project.

In August 1993 we started a study on the resistance of the population living in metropolitan areas to the implementation of harm reduction projects for active drug users, and on the strategies to gain or increase consensus on this project. This research is conducted in cooperation with the Ministry of Health. First results will be available in February 1994.



**AHLSTRÖM, Salme; RIMPELÄ, Arja; RIMPELÄ, Matti; KONTULA, Osmo; and KARVONEN, Sakari.**

Social Research Institute of Alcohol Studies, Finland

**WITHDRAWN**

**YOUTH AND DRUGS 1981-1993 — Poster**

Hashish spread to Finland along with other waves of the international youth culture in the end of the 1960's. Although researchers' interest in the use of narcotics began in the late 1960's, drugs did not become a major problem until the 1970s. The drug problem became again a prominent subject of discussion in the late 1980s.

Surveys on adolescent health habits have since 1981 examined how the frequency of narcotics use among the acquaintances of young Finns. The 1991 survey also included questions on the type of narcotic used and the source used for obtaining drugs.

This study is a part of a larger research programme which is currently in progress, the Adolescent Health and Life Style survey. The data came from questionnaires sent to a representative nationwide sample of 14-18 year olds. The response rate in the early 1980s was 86-88 percent and in the 1990s it was 77-78 percent.

The number of youth having drug users among their acquaintances has more than doubled from 1981 to 1993. The number of those knowing users rose significantly at the beginning of the decade, remained unchanged in the mid-1980s, and increased again in the 1987 - 93 period. Young people reported that most of the abusers they knew had taken pills, had used cannabis products and had sniffed paint thinner or glue, whereas the use of hard drugs (such as LSD, morphine, heroin, amphetamines, cocaine) was infrequent. Among boys, about every fifth of those aged 18 (18 percent) and some six percent of boys aged 14 had met a vendor of drugs.

Although the drug situation is not yet quite as alarming as in the early 1970s, the use of narcotics has apparently become more common among Finnish youth since 1987.

**ALEXANDER, Bruce**

Simon Fraser University, Canada

**THE POTENTIAL FOR PUBLIC ACCEPTANCE OF HARM REDUCTION MEASURES**

North America has witnessed a slow and reluctant acceptance of needle exchanges and methadone maintenance, perhaps prompted by the extraordinary threat of AIDS. On the other hand, some observers detect growing indications

of a new "prohibitionism" among the North American public. Can the public be expected to accept a more extensive application of harm reduction measures in the future?

A research group at Simon Fraser University in Canada and Utrecht University in the Netherlands has undertaken surveys of attitudes toward drug policy amongst university students in several North American and European countries. Since these university students will be among the influential citizens of the next generation, they may serve well to predict future trends. The data indicate a promising degree of readiness to accept the assumptions of harm reduction among both francophone and anglophone Canadian students. More readiness to accept harm reduction principles was found among the Dutch, Bulgarian and Irish students and considerably less amongst the American students that were surveyed.

A subgroup of Canadian students was surveyed before and after exposure to information that contradicted the exaggerated drug fears that were promulgated by the "War on Drugs" propaganda of the 1970s and 1980s. The students' attitudes shifted strongly away from conventional attitudes on drug policy on a number of dimensions. These results suggest that the public may shift quite a bit further in the direction of support for harm reduction when the relevant information is made available to them.

**ALEXANDER, Bruce**

Simon Fraser University, Canada

**APPROPRIATE HARM REDUCTION MEASURES FROM AN ADAPTIVE PERSPECTIVE ON DEPENDENCE**

Existing theories of dependence or addiction can be categorized with respect to two opposing perspectives about the fundamental nature of the phenomenon. The first perspective portrays addiction as the harmful consequence of exposing susceptible persons to addictive drugs. From this widely held viewpoint, harm reduction measures such as needle exchanges and methadone maintenance for heroin addicts are appropriate, as long as they are closely monitored. The second, currently less influential perspective portrays addiction as the best means available to some persons to manage personal and social dislocation or alienation. This second perspective suggests additional harm reduction measures. Most prominently, it suggests that drug-related harm cannot be substantially reduced without direct attention to the social forces that create

widespread dislocation and alienation. As well, it suggests additional ameliorative measures, such as making available a range of relatively safe modes of adaptive dependence to those who must rely upon them. For example, it suggests the possibility of recommending opiates as a substitute for alcohol in severely alcoholic persons.

This presentation will consider other implications of the adaptive view of addiction for new approaches to harm reduction. It will introduce new evidence supporting the adaptive perspective from studies of cocaine addicts in British Columbia. Data will be presented both from living addicts and from medical examinations of cocaine-related deaths.

### **ANDERSON, Susan**

Toronto Department of Public Health, Canada

#### **METRO TORONTO RESEARCH GROUP ON DRUG USE — poster**

The Metro Toronto Research Group on Drug Use was established in 1990. The Group brings together a diverse set of researchers involved in drug abuse, prevention and harm reduction. Member organizations include the Addiction Research Foundation, the Metropolitan Children's Aid Societies, the Pape Adolescent Resource Centre, the Metropolitan Toronto Police, the Hospital for Sick Children, the Chief Coroner of Ontario, The Works and Toronto's Department of Public Health, among others. Four reports produced to date by this group combine and organize data from the above sources and others, to present the most complete picture possible of local drug abuse patterns. A fifth report, Crack Use Among Families, used data from the Children's Aid Society to explore the life of children of substance abusers. A follow-up to this report will examine how child welfare workers can better assist these families.

This group now represents Canada at the National Institute on Drug Abuse (NIDA) in the United States.

Our presentation would be advise interested parties of our past reports and ongoing projects in harm reduction.

### **ANDISON, Susan; and GORDON, Joyce**

Donwood Institute, Canada

#### **COMMUNITY PARTNERSHIPS**

The evolution of a unique partnership between school boards, a treatment centre, an addictions foundation and a service club in the implementation of this high risk youth proposal will be discussed.

This project provided an opportunity to effectively match the skill, expertise, and resources of each partner. Key issues and their resolutions will be shared by the presenters.

### **ANDISON, Susan; GORDON, Joyce; and JOHANSEN, Larry**

Donwood Institute, Canada

#### **LIVING SKILLS CENTRE**

The Living Skills Centre is a partnership between the Donwood Institute and the Metropolitan Toronto Housing Authority to provide an innovative community-based lifeskills program of health promotion, substance abuse prevention and non-residential treatment services for women and their children. This joint venture draws on the strength of both organizations and other potential service providers. The MTHA is the largest public housing authority in Canada and The Donwood has a long history of leadership in the substance abuse field.

Both organizations have a holistic view of their clients and a community-based approach to programming. Both have multi-disciplinary staffs who are eager to partner with others in the pursuit of new and innovative ways of delivering services.

Working together to effectively blend their experience and expertise to address the needs of an underserved community a model of service delivery was developed which could be reproduced in other communities elsewhere in Canada.

### **ANNIS, Helen**

Addiction Research Foundation, Canada

**Commentator in the WOMEN, HARM REDUCTION AND HEAVY USE Major Session.**



**APPEL, Christa**

Porschungsgruppe Gesundheit and Sucht, Germany

**DRUGS IN THE WORKPLACE IN GERMANY, THE CURRENT STATE:  
PROGRESS TOWARDS HARM REDUCTION APPROACHES OR AN  
EXAGGERATION OF RISKS?**

This presentation is based on findings from the German report for the first Europe-wide study on "Alcohol and drugs in the Workplace: Attitudes, Policies and Programmes" which was carried out by the International Labour Office (Geneva) in collaboration with the Commission of the European Communities (Luxembourg) in 1992/93. This study was based on a questionnaire and personal interviews with representatives from workers' and employers' organizations and enterprises. All of the included organizations and enterprises have long-established workplace intervention and prevention practices.

The findings suggest that currently two attitudes exist with regard to working consumers of illicit drugs. Those in the EAP-field with personal experience with illicit drug users in their case-load seek creative solutions. They express concern that mistakes made concerning the alcohol dependent or addicted employee (first stigmatize than normalize) should not be repeated. Practitioners with no personal knowledge of illicit drug consumers among the employed estimate the risks and dangers as much higher. Both groups, however, strongly oppose the implementation of US drug screening policies in German enterprises and organizations.

While the need to establish clear policies for problems related to illicit drug use or dependence in addition to established policies for alcohol-related workplace problems is agreed upon, the current state of the discussion is that the future direction is open: progress towards harm reduction approaches, or an exaggeration of drug related risks?

der the umbrella of Assisting Drug Dependents Inc. (ADD Inc). From its beginning this withdrawal centre has focused on empowering clients to make informed decisions about their drug and/or alcohol use, as well as providing an opportunity to have "time out" from family, lifestyle choices, drugs and the law.

The main focus for the clients is on providing a home-like environment where the re-establishment of good health status through the use of herbal remedies, massage, relaxation, diet management and exercise are the only daily pressures that a client may face, and the choice of participation in any of these offerings is in the clients hands. The cottage setting is a huge contrast to the nearby large cement complexes, and emphasizes the home-like atmosphere.

We have found, since 1985, that Arcadia House and its harm reduction approach, involving education and health promotion through the use of herbal remedies and the like, enables the client to carry on these simple health practices when they leave.

It is our philosophy that each visit to the centre will empower the client and that they will leave with a little more knowledge. There are no successes that can be expressed in numbers or through how many clients are now abstinent from their drug of choice. This is not our aim or function. Flexibility, availability, education, harm reduction and the lack of pressure on clients to 'succeed' is our aim.

Training staff and clients to adopt the "harm reduction" approach requires cultural and attitudinal adjustment; I would like to share with you our way of "successfully" changing a traditional service into a functional, educational harm reduction service.

**BAMMER, Gabriele**

National Centre for Epidemiology and Population Health, Australia

**WHAT IS THE BEST DESIGN FOR A 'HEROIN TRIAL'?**

Researchers at the National Centre for Epidemiology and Population Health and the Australian Institute of Criminology are currently undertaking a careful examination of the feasibility of a trial to provide heroin to dependent users in a controlled manner. A recommendation about whether or not a trial should proceed was due to be made in 1993 but has now been delayed to mid-1994.

One of the difficult issues which is pivotal for deter-

**B**

**BAILEY, Libby**

Assisting Drug Dependents, Inc., Australia

**DETOX???, NATURALLY OF COURSE!!! — Workshop**

Arcadia House is a non-medicated withdrawal centre un-

mining feasibility concerns the design of a trial. The advantages and disadvantages of three design options (a randomised controlled trial, a modified randomised controlled trial and a cross-over trial) will be presented. The strengths and weakness of various outcome measures will also be discussed.

**BARBARINI, George; GAETANI, B.; GRISORI, O.; ROVATI, M.C.; LUCCHINI, A.**

University of Pavia; Clinic of Infectious Diseases; Italy

#### **ATTITUDES OF HIV SEROPOSITIVE I.V.D.A.; COMPARISON BETWEEN NORTHERN AND SOUTHERN ITALIAN PATIENTS.**

**Objective:** To explore attitudes towards HIV seropositivity, behaviour modification after communication of seropositivity as well as impact on public sanitary structure in a sample group of IVDA. visiting medical centres at Pavia, Foggia, and Gorgonzola (Milan). This study aims to develop a questionnaire for this evaluation.

**MATERIALS:** A questionnaire which had been previously prepared was administered to a sample group of 190 HIV-positive IVDA (80% male, 20% female), cared for in two northern Italian centres (Pavia and Gorgonzola) and one southern Italian centre (Foggia).

**RESULTS:** The condition of being sero-positive caused feelings of guilt in 24.7% of tested cases (31.7% in the south of Italy and 16.9% in the north) and feelings of anxiety in 31.1% of tested cases (22.8% in the south and 40% in the north). The differences between north and south were significant ( $p=0.01$ , chi square test). Sexual activity was interrupted in 17.4% of cases (7.9% in the south and 28.1% in the north), reduced in 34.7% of cases (40.6% in the south and 28.1% in the north), and remained unchanged in 44.7% of cases (49.5% in the south and 39.3% in the north). Only 10% of southern and 15% northern IVDA stopped heroin consumption, while 20% of northern and 10% of southern IVDA preferred methadone after communication of seropositivity.

**Conclusions:** The gathered data underline a substantial attitude difference between northern and southern IVDA: in the south, being HIV-positive causes guilt, and prevailing defense mechanism is negation, while in the north it is anxiety.

**BARGAGLI, Anna Maria; FAGGIANO, F.; DAVOLI, M.; COSTA, G.; PERUCCI, C.; AND D'IPPOLITI, D.**

Lazio Region Health Authority; Department of Hygiene and Community Medicine, University of Torino; Local Health Authority, Torino; Italy

#### **MORTALITY OF INTRAVENOUS DRUG USERS (IDUs) IN ITALIA:**

##### **A SUBCOHORT OF THE WHO MULTICITY STUDY.**

**OBJECTIVE:** Time and space comparison of mortality among IDUs in Italia.

**METHODS:** Study population: a cohort of IDUs attending treatment centers (1980-1991) in Roma (4662) and Torino (5508). Follow-up as of December 31, 1992. Direct standardized mortality rates.

**RESULTS:** The preliminary analysis shows that mortality rates from all causes decreased until 1986 and then increased rapidly in both cohorts (from 5.8/1000 person years in 1986 to 22.0/1000 in 1990, in Rome; from 5.5/1000 to 13.8/1000, respectively, in Torino). The main cause of death was overdose in both cohorts with the same temporal trend. AIDS mortality appears in 1986 and then increases sharply, being more additional than competitive with other causes of death. Unexpected excess mortality from cancers was also found.

**CONCLUSIONS:** Homogeneity of mortality between Roma and Torino supports the hypothesis of national determinants rather than local ones. The excess mortality from all causes suggests that harm reduction strategies should be aimed at reducing mortality from all causes, not only from AIDS and overdose.

**BARNETT, Julia**

City of York Health Unit, Canada

#### **A COMPREHENSIVE AIDS STRATEGY FOR PRISON SYSTEMS:**

##### **A COMMUNITY BASED PERSPECTIVE**

A comprehensive HIV/AIDS strategy was prepared by Prisoners with HIV/AIDS Support Action Network (PASAN) June 1992. This comprehensive strategy was submitted to the Ministry of Corrections and the Ministry of Health on both federal and provincial levels. PASAN, as a community-based coalition, is the first to submit such a strategy.

This HIV/AIDS strategy puts forward the need to provide education, peer programs, and the need to provide prisoners with HIV prevention materials such as condoms, dental dams, latex gloves, lubricants and bleach. As well,



the strategy addresses needle exchange, community-based services and support, treatment programs, alternative therapies, special diets, provision of proper tattooing equipment, compassionate release, medical parole, anonymous HIV-antibody testing, an end to human rights violations, women's services, youth programs, specific programs for immigrant and visible minorities, and exist kits. Over 40 recommendations were included in the strategy, which provides a clear framework and methodology for implementing this proposed strategy. Small parts of this strategy have been implemented, while several crucial parts have been overlooked, ignored or not even considered.

**BASSEY, Rebecca**

Youthlink, Canada

**PEER EDUCATION FOR STREET YOUTH**

Impacting the health and welfare of high risk youth living outside Metropolitan Toronto through peer education is the main goal of our education project. This presentation will discuss our experiences, challenges and triumphs in the recruitment, training and contributions made by our peer educators, all of whom are former street youth. Secondly, the presentation will share the evaluation results of the project's impact on students throughout Ontario who have participated in the speaking engagements lead by the peer educators.

Over 40% of the 15,000 annual contacts made with street youth at YOUTHLINK - Inner City are young people who came from outside Metro Toronto. Homelessness, powerlessness, street life, abusive/neglected backgrounds, and social/interpersonal skill limitations are major contributors to excessive substance use among street youth. YOUTHLINK - Inner City is a street-based walk-in and outreach crisis counselling, information and referral centre for youth under 24 years, living on the streets in downtown Toronto, Ontario in Canada.

**BEAUCHESNE, Line**

Department of Criminology, University of Ottawa, Canada

**LEGALIZATION OF DRUGS: RESPONSIBLE ACTION TOWARD HEALTH PROMOTION**

Before challenging the pertinence of current drug laws, the

objectives which these serve should be examined. Drug legislation is not, in itself, an objective: it is only one means among a variety of strategies of which the overall objective should be health promotion with respect to drugs. The effectiveness of current drug legislation should be measured, therefore, from the standpoint of its potential to support this aim by limiting risks or dangers linked to drug use. To do so, legislation must be the instrument for constructing the framework to regulate conditions under which such products are marketed.

This presentation will describe the major arguments of antiprohibitionists, who conclude that legalisation of the complete range of drugs is a responsible means of health promotion. To do so, it will present an assessment of current indicators of drug prohibition effectiveness within the framework of the health promotion objective. To facilitate an understanding of the foundations of the current "war on drugs" some aspects of the origin of prohibitive drug legislation will then be described to bring out the real motivation behind the institutionalizing and broadening of those laws. It will become apparent that these laws essentially underwrite social control strategies, which have little to do with health promotion. Detection, prevention, and treatment programs legislated by a "War on Drugs" are transformed thereby into tools of a social control strategy.

This analysis will facilitate a greater understanding of the two essential aims underlying antiprohibitionist viewpoints concerning drug legislative policies: to end the abuses of power generated by these social control measures, and to reinstate within drug legislation a degree of effectiveness as a means for promoting health.

This presentation will conclude by presenting some Québec examples that illustrate the complexity of this issue.

**BELLIS, Jane; and DONMALL, Michael**

Drug Research Unit, UK

**ACCESSING HIGH-RISK FEMALE DRUG USERS**

In the UK, 51% of first generation heterosexual HIV-infected persons are said to be the partners of injecting drug users, and 86% of these are women. Research is now showing that the high risk sexual and needle sharing behaviour of injecting drug users is more frequent among females.

This study utilizes social, treatment and drug use data on female problem drug users presenting to services using the Drug Misuse Database (North West), along with impor-

tant new information from Needle Exchange Schemes and qualitative information from users themselves.

Although the number of women presenting to drug services has increased, the proportion of overall users presenting has declined. One study in North West England suggests that as few as 10% of a sample of female amphetamine users were in contact with treatment services. The accessibility of established services for high-risk female drug users is further examined in the light of new data.

### **BENNETT, Andrew**

Mersey Drug Training and Information Centre, U.K.

#### **WHOOPSA DAISY - PROVIDING DRUG INFORMATION BY USING THE TOOLS OF POPULAR CULTURE**

This presentation will cover the theory, implementation and evaluation of the Daisy Campaign.

Recreational drug use associated with the 'club scene' is perceived as non-deviant, fun and an integral part of popular culture. In order to make drug information accessible to this group it has to be credible and culturally recognisable - it has to be seamless with the 'scene'.

Daisy was a drug information campaign organized by the MDTIC during the summer of 1993. The aim was to provide information about MDMA (ecstasy) to club-goers by using the tools of mainstream popular culture and social marketing. A Daisy and 'Daisy Cow' were used as logos for the campaign and a visual style was established that recognised the sophistication of 1990's advertising. Relevant health messages related to ecstasy were placed on a number of products specific to club culture. They included flyers, swing tickets on clothes, record carrier bags, matches and cassette covers. Posters, stickers and t-shirts were also distributed to promote the campaign. Liverpool's clothes shops, record shops, promoters, bars and entrepreneurs linked to club culture were enlisted to distribute the products. The local and national media were used to publicize the initiative.

The campaign was evaluated using qualitative techniques, such as focus groups and questionnaires.

**BIGG, Dan; BIGG, Ken; BRAINE, Naomi; CAMPBELL, Rodney; CRAWFORD, Deborah; CULVER, Al; HANSON, Mike; LAWLOR, John; O'BRIEN, Greg; PARTS, Mark; SZYLER, John; TETER, Caroline; WILLIAMS, George; and ZEMBLIDGE, Tom.**

The Chicago Recovery Alliance, USA

#### **RATIONALE AND EXPERIENCE IN CHANGING A SYRINGE EXCHANGE SCHEME FROM 1 FOR 1 TO 2 FOR 1**

Since January of 1992, the Chicago Recovery Alliance (CRA) has operated sites of risk reduction outreach with syringe exchange in Chicago. Like eleven other states in the United States, Illinois has a hypodermic law prohibiting the purchase and possession of a syringe without a prescription. CRA and exchange users operate legally under a research exemption to the hypodermic law created in the 1950s.

Syringes are difficult to come by in Chicago and the people who exchange their syringes have cleaned up their communities' discarded syringes in a wide radius of CRA's exchange sites. Few alternate, cheap and safe sources of syringes exist and a 1 for 1 exchange did not appear to be leading to the goal of one sterile syringe per injection. Our cohort research findings around sharing of injection equipment and focus group data will be shared along with the process and findings of creating an alternate exchange scheme. Implications for other exchange operations, community acceptance, as well as political implications will be discussed.

### **BLACKWELL, Judith**

Department of Sociology, Brock University, Canada

#### **PROHIBITION POLICY IN HARM-REDUCTION CLOTHING: DRUG TESTING IN THE WORKPLACE**

At first glance, drug testing in the workplace suggests itself as a harm-reduction policy. Viewed in its sociohistorical context, however, this policy can be situated firmly within the prohibitionist tradition. Analyzing the social construction of workplace drug impairment as a social problem situates it within the drug war rhetoric of the 1980s and the appropriation of demand-side policy by traditionally supply-side interest groups. To understand the widespread introduction of this social policy and to comprehend its apparent incongruities, it is necessary to examine it in the context of global shifts in economic power, technological developments which made possible a profitable drug-



screening industry, and the political philosophy of neoconservative administrations in the United States and Canada.

**BLANK, Michael; NELLES, William; and PATES, Richard**

LLanelli Drugs Project, Wales

**POST-GRADUATE TRAINING FOR GPs IN THE CARE AND MANAGEMENT OF ILLICIT DRUG USERS: AN EFFECTIVE APPROACH**

In June 1992, a 5 day residential training programme for GPs on the care and management of illicit drug users was conducted. End-of-course evaluation indicated that the participants experienced significant changes in attitudes and found harm-reduction a useful and appropriate model. They also felt more skilled and able to manage drug users. This paper demonstrates that there were long-term improvements in skills, knowledge and abilities of the participants following the course. It compares their experiences with a control group of GPs who did not receive training.

The paper also discusses ways in which closer working between GPs and specialist drug agencies can be achieved in order to share the care of illicit drug users. Some observations on the delivery of post-graduate training to GPs are also made.

**BLOOD, Lowell; and CORNWALL, Anne**

Drug Dependency Services, Canada

**ADOLESCENT SURVIVORS OF SEXUAL ABUSE: HIGH RISK DRUG USERS**

— poster

Adolescent survivors of sexual abuse have been shown to be at high risk for harmful involvement with drugs. Research on sexual abuse survivors in treatment has tended to focus on the degree of psychopathology and number of behavioral problems exhibited. The impact of sexual abuse on substance abuse treatment outcome has not been investigated in detail. The present study examined the course of treatment of 204 adolescents in an intensive substance abuse treatment program, comparing those reporting sexual abuse with those reporting no sexual abuse. No significant differences were found between the two groups in terms of drop out from treatment, change from beginning to end of treatment on measures of self-esteem, family and peer relationships, and behavioral problems, or client satisfaction. Therapists reported great-

er satisfaction with treatment results for adolescents reporting sexual abuse as opposed to those reporting no sexual abuse. Implications for adolescent substance abuse treatment are discussed.

**BONNIE, Richard J.**

University of Virginia School of Law, USA

**THE LIMITED UTILITY OF A PRESIDENTIAL COMMISSION ON DRUG POLICY**

Although Presidential advisory commissions play an increasingly prominent role in American government, they have rarely made significant or enduring contributions on value-laden social issues such as crime, violence, sexual behaviour and drug abuse. In contrast to Royal Commissions in the U.K., Presidential advisory commissions in the U.S.A. serve mainly as an extension of political discourse rather than as an opportunity for detached and objective inquiry.

In the literature on Presidential advisory commissions, the National Commission on Marihuana and Drug Abuse (1971-73) is regarded as a renegade commission because it recommended change (decriminalization) against the wishes of a President who preferred to maintain the status quo. For reasons to be discussed, this assessment is only partly accurate. The Marihuana Commission's report had a demonstrable and immediate effect on policy and public discourse. Whether the Commission made an enduring contribution to drug abuse policy is less certain, however.

Whether it would be useful to establish a new Commission depends entirely on the receptivity of the President (and to a lesser extent, political leadership in the Congress and in state capitals) to a change in direction. If the President is prepared to take a fresh look at drug policy, a Commission can legitimize and provide political cover for a new approach. Otherwise, however, a new Commission would not be a good idea because of the risk that a regressive report would set back the cause of reform.

**BOYD, Neil**

Simon Fraser University, Canada

**CANADIAN ISSUES AND PERSPECTIVES ON HARM REDUCTION**

This panel discussion will focus on the prospects for harm reduction resulting from decriminalization or legalization in Canada, including the potential for public acceptance of

policy change. Issues addressed include HIV/AIDS and drug use in Canadian prisons, and measures to reduce harms associated with the correctional system. Speakers are Bruce Alexander, Line Beauchesne, Neil Boyd, Ralf Jürgens, and Diane Riley (commentator).

**BOYD, Neil; BUNING, Ernst; CHEUNG, Yuet; ERICKSON, Pat; LEWIS, David; REINARMAN, Craig; SINGLE, Eric; and WODAK, Alex**

University of British Columbia, Canada; Netherlands; Department of Sociology, The Chinese University of Hong Kong.; Addiction Research Foundation, Canada; Center for Alcohol and Addiction Studies, USA; Canadian Centre on Substance Abuse, Canada; Alcohol & Drug Program, St. Vincent's Hospital, Australia.

**CONCEPTUAL ISSUES IN HARM REDUCTION**

The purpose of this workshop is to examine the conceptual basis of harm reduction. The format will be an informal round table discussion among a multi-disciplinary group of panelists from law, psychiatry, psychology and sociology. The starting point for the discussion will be a reaction to P. Erickson and C. Ottaway's recent chapter, "Drugs and Social Policy: Towards an Integrated Public Health Perspective" (to appear in the 3rd volume of the Rutgers' Annual Review of Addictions Research and Treatment). This paper argues for a conception of harm reduction based on a modern public health framework favouring regulatory controls. Others may argue that a public health model is not the best or the only basis for harm reduction, that is too medical and disease oriented or even that no explicit model is necessary for the practice of harm reduction. A lively discussion is anticipated.

**BOYD, Susan**

School of Criminology, Simon Fraser University, Canada

**WOMEN AND ILLICIT DRUG USE: THE SIGNIFICANCE OF LEGAL, MEDICAL, AND SOCIAL SERVICE INTERVENTION**

This paper examines the impact of the legal, medical, and social service professions in relation to women who have used illicit drugs in Canada. Legal, medical, and social service definitions, and regulation, of mothering and illicit drug use continues to have negative implications for women

and their children. Poor women, and women of colour are most at risk for arrest, apprehension of children, and court-ordered obstetrical interventions in North America. Preliminary findings drawn from interviews, with women who have used illicit drugs, will inform this paper. Policy recommendations will also be included in this paper.

**BOYD, Susan**

School of Criminology, Simon Fraser University, Canada

**A MULTI-SERVICE APPROACH TO WORKING WITH HIGH-RISK WOMEN AND THEIR CHILDREN**

See abstract for workshop listed under MICHAUD.

**BROWN, Lesley Anne**

Harm Reduction Centre, Scotland

**WHAT WORKS? WORKING TOGETHER WORKS**

- 1) Short examination of myths and truths surrounding statutory and non-statutory agencies working together.
- 2) New Harm Reduction Service set up in Tayside (Region of Scotland) - building relationships with non-statutory agencies.
- 3) Investigating the needs of sex workers, gay men, IVDU and steroid injectors together, and involving the non-statutory Drugs and AIDS Project and Women's Health Project in service development and establishing joint working policies.
- 4) Allowing each other to understand restrictions placed on agencies, both financial and political, working together to evaluate and monitor need, so that we can plan joint service provision and support each other in sharing available monies, by honestly placing workers and service where they are most suitable to remove the pressure of empire building by any one agency.
- 5) Examining benefits to clients, and to staff
- 6) Allowing planning to be based on user led decision making/service request.



**BRUNEAU, Julie; LAMOTHE, F.; LACHANCE, N.; VINCELETTE, J.; and SOTO, J.**

CRC André-Viallet Unit, Hôpital St. Luc, Canada

#### **HIV PREVALENCE AND PROFILE OF IVDUs IN MONTREAL, RELATED TO THEIR USE OF FACILITIES**

**OBJECTIVE:** To assess seroprevalence, sociodemographic profiles and behaviours among 987 IVDUs according to their use of needle exchange programs and addiction services from 1988 to 1993.

**METHOD:** IVDUs recruited through an ongoing prevalence study in downtown Montreal. All participants, after consent, are interviewed by trained staff and a blood sample for HIV testing is drawn.

**RESULTS:** Of the 987 IVDUs, 458 (46%) reported using needles exchange programs in the past 6 months. Prevalence rate was 11.4% overall, 5% for non-exchangers (NEX) compared to 18% for exchangers (EX) ( $p < 0.001$ ).

Univariate analysis showed no difference according to gender, age, drug of choice, or sexual preference. EX were slightly less educated ( $p = 0.027$ ), reported less familial support ( $p = 0.003$ ), and fewer life time suicide attempts ( $p = 0.04$ ). They were attending shooting galleries more often ( $p < 0.001$ ), sharing more with HIV-positive partners ( $p < 0.001$ ) and had more acquaintances with HIV infected persons ( $p < 0.001$ ). Men EX were involved in prostitution more often than NEX ( $p < 0.001$ ). There was no difference for women.

Factors associated with HIV infection in both groups, using multivariate analysis, are sharing with HIV-positive partners and prostitution. Gender (men > women) is associated in EX group, while no treatment is associated in the NEX group.

One confounding factor is attending an addiction treatment service. Of the EX, 177 (39%) reported using treatment facilities, compared to 374 (71%) of the NEX group. 154 IVDU were not reached by exchange or treatment. Factors associated with the use of exchanges after adjustments for treatment (Mantel-Haenszel) are: HIV infection (MHRR = 1.54 95% ci: 1.36 - 1.75); shooting galleries (MHRR = 1.41 95% ci: 1.24 - 1.61); sharing with HIV-positive partners (MHRR = 1.53 95% ci: 1.32 - 1.77); acquaintances (MHRR = 1.39 95% ci: 1.22 - 1.57); men - prostitution (MHRR = 1.34 95% ci: 1.16 - 1.55).

**CONCLUSION:** In a situation of free access to exchange and treatment, different subgroups of IVDUs have been identified. Although risk factors associated with HIV infection are similar, these populations differ substantially, and ways

of reaching them are different. In that context, a significant number of IVDUs are unreached by treatment or exchange.

**BRUNEAU, Julie; LAUZON, P.; BRISSETTE, S.; and POTVIN, L.**

Hôpital St. Luc, Canada

#### **HOW TO CONCILIATE SERVICES TO DRUG ADDICTS AND HIV PREVENTION**

Free accessibility to health care allows a new perspective on prevention strategies for HIV among drug addicts. In Montreal, detoxification services are free and confidential through the general health care system. Establishment of low threshold interventions is one way to attract drug addicts, even if their willingness to quit using drugs is low.

In Montreal, police authorities estimate the number of heroin addicts at about 15,000. Seroprevalence of HIV infection is estimated to be between 10 and 15% among IV drug users. Until 1992, waiting lists for heroin detoxification were two months and over. In 1992, the Detoxification Unit of Saint-Luc Hospital began an outpatient detoxification program for heroin addicts using methadone. In the literature, most detox. programs have been evaluated using variables related to abstinence following the end of the program, along with retention.

Objectives of this program are: greater accessibility to assisted medical withdrawal from heroin (regardless of motivation for total abstinence), medical assessment, treatment of medical conditions, information and discussion around issues related to general wellbeing, preventative strategies adapted to the individual user's needs. Contact with readaptation agencies is offered only in an informative and non-coercive manner.

We began the evaluation protocol in September 1993. This program will be compared with the standard inpatient 10-day detoxification program. Variables studied are: psychological distress, social functioning, behaviours and health benefits related to prevention of HIV infection and other infections, and general bio-psycho-social status, measured by the Addiction Severity Index.

**BUCHANAN, David**

University of Massachusetts at Amherst, School of Public Health, USA

**HAIR ANALYSIS AS A THREAT TO HARM REDUCTION STRATEGIES**

The development of hair analysis as a new illegal drug consumption detection technique poses new and radical threats to individual rights and provides more advanced ammunition in the war on drugs to enforce state sanctions against use. With the new capacity to deliver objective evidence on the full range of drug consumption patterns extending up to 2-3 years into an individual's past, hair analysis provides the technological capacity for drastic encroachments on the right to privacy and freedom from self-incrimination. Discussion will focus on policy responses and alternatives for proponents of harm reduction approaches to social drug use.

**BUENO, Regina de Carvalho**

São Paulo City Hall, Brazil

**AN INTERNATIONAL COMPARATIVE STUDY OF HIV SEROPREVALENCE AND RISK BEHAVIOUR AMONG DRUG INJECTORS IN 13 CITIES. WHO COLLABORATIVE STUDY GROUP.**

In one international study of injecting drug users involving developed and developing countries, 6,390 respondents living in 13 cities in 11 countries were recruited, some from treatment centres and a proportion in street settings. Coordinated by WHO, the objectives were to investigate demographic characteristics, risk behaviour and HIV seroprevalence among these populations. Respondents in all cities were predominantly male (ranging from 58% to 95%); and began injecting in their late teens (ranging from 17.5 to 21.7). The main drug for injecting in 9 cities was heroin; in Glasgow it is Teingesic; and in Santos, Rio de Janeiro and Toronto, it was cocaine. Weekly or daily sharing of injecting equipment was reported by less than a quarter of respondents in all cities. Attempted cleaning of injecting equipment after sharing was common although methods used were often inadequate. The majority of respondents were sexually active, however unprotected sex is extremely common. In contrast to the similarity in demographic characteristics and risk behaviour, HIV seroprevalence ranged from 0 to 60%, and appeared to be more congruous with entry of the virus into the drug-using population and the speed and extent of implementation of HIV prevention measures.

**BASTOS, F.; BUENO, R.C.; MESQUITA, F.; PAES, G.; and TELLES P. (presented by R. C. BUENO)**

DIS/CICT-FIOCRUZ, IEPAS/SEHIG, PNCDST/AIDS, NEPAD/UERJ, Brazil

**DISSEMINATION OF HIV AMONG COCAINE INJECTING USERS: THE HISTORICAL BACKGROUND AND THE DILEMMAS OF TODAY**

Traditionally, only non-injected psychoactive drugs have been used in Brazil. Although there was a surge in drug use in the 1960's, this was basically limited to cannabis, LSD and native plants, with practically no heroin use. In the early 1980's, surveys of school and street children were mainly focused on the use of tranquilizers, alcohol and inhalants among children and youth under 19 years old.

The discovery of a significant incidence of IDU in Brazil coincides with the HIV/AIDS epidemic. As of August 1993, 25% of AIDS cases in Brazil were due to IDU. The deteriorating social situation transformed the drug traffic into a significant source of income and one of the leading causes of urban violence. The violent nature of the cocaine scene interferes with outreach work. Cocaine's ephemeral effects make preventive strategies (e.g. bleaching) more difficult. Limited by legal restrictions and underfunding, the HIV/AIDS epidemic in Brazil among IDUs is an immense challenge.

**BUNING, Ernst**

Euro-Methwork, the Netherlands

**METHADONE IN EUROPE**

Within the European Region, the provision of methadone ranges from country to country. In March 1993, a group of European methadone experts founded Euro-Methwork. This forum of methadone providers in the European Region aims at: (1) stimulating the exchange of expertise, (2) serving as a resource center, (3) organizing workshops, conferences etc. and (4) serving as a advocacy group to help each other in 'selling' the concept of methadone provision.

Specific problems encountered in setting up the network (language problems, cultural differences, political resistance etc.) will be discussed and European experiences with low-threshold 'harm reduction' methadone programmes will be highlighted.

It will be concluded that because of the variety in the provision of methadone in Europe, standardization is lacking and heroin addicts are still denied proper treatment in



many regions/countries. On the other hand, the many modalities of methadone provision in Europe allows for tentative conclusions regarding 'what sort of methadone regime works for which clients in which specific setting'.

C



**CARLINI-COTRIM, Beatriz; GALDURÓZ, J.C.; NOTO, A.R.; and PINSKY, I.**

Paulista School of Medicine, CEBRID, Brazil

**MEDIA IN THE MAKING OF A DRUG SCARE: A PRELIMINARY STUDY IN BRAZIL**

This study examines 1,711 articles focused on drug issues, published in the Brazilian print media between 1960 and 1989.

Content analysis techniques were utilized in order to verify historical changes in the articles' approach to the subject. Three parameters were considered: national epidemiological data, the Brazilian political regime and the existence of drug scare waves in the first world.

The majority of articles presented the illicit drug user as sick, weak or immoral. The articles published during the toughest period of military dictatorship (1968-79) constantly suggested that illicit drug use is a minority practice, widespread particularly among communist and subversive groups. Those published from 1980 on were insistent about a presumed drug epidemic in Brazil, contradicting epidemiological data. This later finding was hypothesised as a possible influence of the so-called American war on drugs in the Brazilian press.

**CAULKINS, Jonathan**

Heinz School, Carnegie-Mellon University, USA

**ENFORCEMENT OR TREATMENT?**

This paper presents a model that estimates the relative cost effectiveness of four cocaine-control programs: three "supply control" programs (source-country control, interdiction, and domestic enforcement) and a "demand control" program (treating heavy users). Measuring program

effectiveness by reduction in United States cocaine consumption, treatment is by far the most cost effective. Sensitivity analyses show that this result is achieved even using conservative estimates of the effectiveness of treatment and generous estimates of the effectiveness of enforcement. Per unit reduction in consumption, source-country control costs twice as much as interdiction, interdiction costs one half again times as much as domestic enforcement, and domestic enforcement costs six times as much as treatment.

**CAVALIERI, Walter**

Parkdale Community Health Centre, Canada

**PRODUCTION OF A HARM - REDUCTION VIDEO FOR IDUs: "SPEAKING OUT"**

For 2 years, Parkdale Community Health Centre has hosted the Finally Understanding Narcotics (FUN) group. One of the barriers to good health identified by seasoned users in the FUN group was the lack of culturally-appropriate educational material on the topic of harm reduction and AIDS prevention. Accordingly, group members initiated, developed, acted in, and evaluated their own harm-reduction video. The target audience included experienced as well as novice users. The opportunity to speak out presented by the video has led to the establishment of a speakers' bureau, and group members have a number of presentations to their credit already. Group members developed and administered both a knowledge, attitudes, and beliefs survey and a semi-structured interview to explore changes in the sensitivity of health care agencies and providers toward IDUs. The first video will be released in November, 1994.

**CAVALIERI, Walter**

Parkdale Community Health Centre, Canada

**NEEDLE EXCHANGE IN TORONTO — EXPERIENCES AND CHALLENGES**

See abstract listed under HOPKINS.

**CHATTERJEE, S.K.**

Department of Law, London Guildhall University, UK

**IMPACT OF INTERNATIONAL TRADE AGREEMENTS ON HARM REDUCTION**

The international drug Conventions do not provide for harm reduction, although they uniformly prescribe for licit trade as opposed to illicit trade in drugs. Licit trade is based on the estimation of consumption of drugs for medicinal purposes by a country, and valid bilateral trade agreements follow the same principle based on the policies enunciated by the international drug Conventions.

Availability of drugs, whether based on licit or illicit trade, helps precipitate drug-dependence in two major ways: (a) by repetitive consumption of drugs for medicinal purposes, and (b) by facilitating illicit consumption of drugs. Herein lies the importance of developing effective treatment policies at the national level, which should include harm reduction, in the sense of gradual diminution of consumption of drugs leading to a reduction of harm caused by them. Decriminalisation of drug-dependent persons is a fundamental condition of harm reduction, whether such persons are registered or unregistered consumers of drugs.

**CHEUNG, Yuet W.; and CHEUNG, T.S.**

Department of Sociology, The Chinese University of Hong Kong, Hong Kong

**SOCIAL CHANGE AND DRUG USE IN HONG KONG: IMPLICATIONS FOR HARM REDUCTION**

The popularity of opium use in Hong Kong since the nineteenth century resulted in a preference for opium and its derivatives, especially heroin, among drug abusers in Hong Kong for many decades. Until the late 1970s, this monotonous pattern of drug choice had supported the dominance of opiates in the local illicit drug market, in illicit drug consumption, and in law enforcement and treatment measures. Since the 1980s, there have been indications that the drug scene in Hong Kong is beginning to move away from the pattern of heroin dominance, to one in which the use of other drugs, especially cannabis and cough medicine, have been on the rise. This new pattern of drug abuse has been coupled with a trend of (i) increasing drug use among juveniles/adolescents, and females; (ii) decreasing age of first use; and (iii) multiple drug use. It is argued that this trend of increasing drug use and abuse

in young people has been associated with the rapid social, economic and political changes in Hong Kong in the past decade. There is a need for revisions of existing drug policies so that they become more responsive to the new drug scene. The role of the harm reduction approach in such policy changes will be discussed.

**CLARK, Andrew**

CEPREMAP, France

**FURTHER AVENTURES OF AN ECONOMIST IN THE WORLD OF DRUG POLICY**

There has been very little rigorous analysis of drugs and drug policy by economists. There are a few notable exceptions and I will begin by talking about what little has been done so far. Then, drawing on quite basic economic analysis, it is simple to construct a 'Social Welfare Function' (SWF) which captures many of the important features of the drug market and of drug consumption. This SWF measures the level of well-being in society and it is my aim to find out which drug policies produce the greatest level of Social Welfare. I consider both legalization and prohibition and show that neither policy is always the best, the result depending in an intuitive way on the values that society puts on the various harmful phenomena associated with drugs, such as ill-health and crime. I then carry out a number of numerical simulations of legalization, using what we know about the characteristics of drug users and the likely level of consumption after legalization. Using these results I am able to identify certain scenarios under which legalization is the best policy, and other cases in which it is best to continue with prohibition. I will also attempt to consider the implications of a 'get tough' policy on Social Welfare using the same framework. Lastly, we know a great deal more about the past than we can guess about the future, and I will use historical information relating to the end of Prohibition to model the welfare effects of a policy of legalization. I also plan to look at the spread of legal gambling in the same way.



**CLATTS, Michael C.; SPRINGER, Edith; DAVIS, W. Rees; and BRESNAHAN, Marie**

Youth at Risk Project, National Development Research Institutes, Inc., USA

**AIDS OUTREACH AND PREVENTION AMONG HOMELESS YOUTH IN NEW YORK CITY: APPLICATIONS OF THE HARM REDUCTION MODEL**

Homeless youth evidence repeated exposure to STD's, high rates of unplanned pregnancies, high rates of untreated TB, high rates of HIV infection, and accelerated development of opportunistic infections associated with immune dysfunction and AIDS. Funded by the CDC, the Youth At Risk study is the first street-based empirical study of this population in NYC, and seeks to evaluate the efficacy of street outreach as AIDS prevention strategy. This paper has three objectives: 1) To construct a demographic and behavioral profile of the homeless youth population; 2) To utilize the Harm Reduction Model as a clinical paradigm for the practice of street outreach, as the conceptual basis for the development of a comprehensive street outreach strategy; and 3) To explore the policy implications of the use of the Harm Reduction model for AIDS prevention in this population.

**CIMICATA, Carmi**

Bacchus, Canada

**SNEAKY ALCOHOL ISSUES OR WHEN AN ALCOHOL POLICY ISSUE POPS UP AND NO ONE WANTS TO WORK ON IT**

What can an individual do when they are confronted with an alcohol policy issue that seems quite simple, but through research it is discovered that you would need to involve virtually every level of government that deals with alcohol issues to make a change? Perhaps worse, addressing this issue would mean researching alcohol taxation, advertising, distribution and licensing regulations in order to even be able to discuss the issue with provincial alcohol regulators.

A relatively new alcohol phenomenon has been discovered in the province of Ontario which has been caused by a loophole in Ontario's Liquor Licence Act. This loophole has allowed U-Brews or their more formal name On-Premise Breweries to open up shop in the province.

These U-Brew facilities are essentially mini-breweries which provide customers with the ingredients and the setting to make beer: Beer that is half the price of beer controlled by the province's monopoly and the Brewers Retail.

The U-Brews do not currently fall under the Liquor Licence Act, which means that they are unlicensed, unregulated and ignored in the province. They represent over 250 new points of sale in a province which is supposed to be a leader in the development of the control model internationally. They also represent a new alcohol industry of individual operators who are making adult alcoholic beverages with no known training or inspection. Two hundred and fifty mini breweries who point out that they have already invested \$50 million dollars into their stores. Their sales are estimated to surpass 120 million dollars annually (that is a conservative estimate.) Did we mention that some of the stores also make wine? What's next U-distil?

The U-Brews came to the attention of BACCHUS Canada when we began to see their ads in university newspapers. The ads clearly violate the Liquor Licence Act as we understand it yet, no one has been fined under the Act. Who do you turn to when an alcohol industry is being created and no one wants to claim responsibility for it? It would make most sense to appeal to the alcohol policy experts in the province, but here too we seem to face a dead end. They appear unwilling to discuss this issue.

The U-Brew issue is a complicated one as it brings to light discriminatory policy in alcohol regulation, personal perceptions that "small mom and pop breweries" are not nearly as dangerous as big breweries, that consumers are interested in cheap beer and politicians don't want to deny them access and maybe most important how do you close a loophole when it's already been open too long?

The workshop that will be presented will discuss the U-Brew phenomenon in Ontario from the perspective of an alcohol educator who is hoping legislation will be developed to deal with U-Brews.

**CLIFFORD, Patrick R.**

Center for Alcohol & Addiction Studies,  
Brown University, USA

**BARRIERS TO MEASURING THE EFFECTIVENESS OF DRUG POLICY**

Efforts to measure the effectiveness of drug policy have proven arduous. The barriers encountered when attempting to measure the relevant constructs of concern are numerous and complex. Furthermore, the conclusions drawn from a specific analysis are contingent upon the measures utilized. The difficulties are further complicated by problems of definition, legal status, changing temporal trends,

attribution, and selection bias. The focus of the present paper is to identify some of these potential barriers and offer some practical solutions.

### **CLOUTIER, Richard**

Québec AIDS Coordination Centre

#### **QUÉBEC IS FACING AN HIV EPIDEMIC AMONG INJECTION DRUG USERS**

##### **1) Coordination of HIV Prevention for IDU in Québec.**

Considering that there is a 10 to 20% prevalence of HIV infection among injection drug users (IDU) in Québec, the ministère de la Santé et des Services sociaux du Québec has supported the implementation of innovative prevention projects aimed at injection drug users based on harm reduction approach.

2) Role of Specialised Centers for HIV Prevention among IDU. CACTUS-Montreal and Point de Repère in Québec City offer specialised services consisting of needle exchange, testing, education and outreach to IDU. At the present time, up to 4,000 clients are reached annually by these programmes. The results of an evaluation of CACTUS are presented.

##### **3) Reaching IDU in semi-urban and rural environments: The Québec experience**

Presently, up to 80 public health clinics, hospitals, private clinics and community groups offer needle exchange or distribution services. It appears that IDU are willing to obtain HIV prevention services in health centers. Pharmacists are also more involved in selling and distributing needles to IDU and in their recuperation.

4) How to conciliate services to drug addicts and HIV prevention Methadone detoxification programmes have been designed to meet harm reduction goals. Free accessibility to health care allows new perspectives for prevention of HIV among drug addicts. In Montréal, an outpatient detoxification program for heroin addicts using methadone has been designed to meet specific harm reduction objectives related to prevention and global health.

### **COHEN, Peter D. A.**

Universiteit van Amsterdam

#### **THE BAAN COMMISSION AND MODERN DRUG POLICY IN THE NETHERLANDS**

In 1968, the Secretary of Justice and the Under Secretary of Health of the Kingdom of the Netherlands created a Commission to "investigate the causes of increased use of narcotics" and "to confront irresponsible use of these substances". The first chairperson of the Commission was a Chief Inspector of Health, later replaced by a Chief Inspector of Mental Health, Dr.. P. Baan, who gave his name to the Commission. The members of this Commission included two sociologists, five psychiatrists, a chief of police, a Public Prosecutor, a few high functionaries from the Ministry of Justice, and the Director of the Jellinek Alcohol Treatment Clinic in Amsterdam.

The final report of the Commission was published in 1970 and formalized the basis for important parts of later Dutch Drug Policy, including decriminalization of individual drug use and toleration of retail sale of all cannabis products, with the exclusion of hashish-oil.

The Baan Commission discussed the different risks of the different illicit psychotropic substances and enriched Dutch drug policy jargon with such terms as "drugs with acceptable and drugs with unacceptable risks". As far as I know, this distinction is not used anywhere else in the world. In this presentation, I will reproduce the arguments in the report of the Baan Commission, and comment on these arguments from a present-day, harm reduction perspective, incorporating modern knowledge about drugs and drug use. The Baan Commission will be presented as a monument to rationality. Some hypotheses about the reasons for this Commission's success will also be advanced.

### **COLES, Jill; and PATES, Richard**

Community Drug Team, Wales

#### **HITTING THE TARGET**

A project in Cardiff outreaching to female sex workers has made contact with over 400 women in the past three years. These contacts have mostly been maintained on a regular basis either on the streets, in womens' homes, in the pubs or at the community drug clinic.

Many of these women use drugs either because of their work or work because of their drugs. They have very



little access to other services because of prejudice and ignorance.

This project has not only provided information, help and condoms etc., but has also allowed women to help themselves to gain increased contact with other primary health care or specialist services.

The paper will discuss this work and the wide benefits of outreach approaches.

### **COLLISHAW, Neil**

Tobacco or Health, World Health Organization,  
Switzerland

#### **IS THE TOBACCO EPIDEMIC BEING BROUGHT UNDER CONTROL, OR JUST MOVED AROUND?— AN INTERNATIONAL PERSPECTIVE**

From 1986 to 1990, declines were recorded in per adult cigarette consumption in 94 countries, while increases were recorded in 34 others. Data were not available for other countries. China, the world's most populous country and largest tobacco producer and consumer, posted a 21% increase in adult per capita cigarette consumption from 1986 to 1990. Global per adult cigarette consumption changed hardly at all from 1986 to 1990, increasing slightly from 1517 to 1522 cigarettes per adult.

Increasing controls on tobacco marketing and tobacco use in countries of Europe, North America and Oceania have been associated with strong declines in tobacco consumption. Declining markets in these regions have given transnational tobacco companies extra incentive to try to develop new markets elsewhere. They have achieved notable success in Central, Eastern and Southern Europe, and in Asia.

Cigarettes are marketed globally, but public health action to control tobacco is mainly limited to a few national and local actions, with little international coordination. Unless action to control tobacco is significantly strengthened and coordinated in all parts of the world, declines in tobacco consumption in some countries will continue to be counterbalanced by increases in tobacco consumption in others. Only when tobacco use is declining in all countries will it be possible to foresee significant attenuation of the tobacco epidemic.

### **CONNORS, Gerard, and WALITZER, Kimberly S.**

Research Institute on Addictions, USA

#### **HARM REDUCTION INTERVENTIONS WITH HEAVY DRINKING WOMEN**

Problem drinking among women is a significant public health concern. Twenty-five percent of women without histories of physical dependence are frequent drinkers, and increasing rates of drinking consequences among these women are being reported (Hilton, 1987). One approach to the specific needs of these drinkers is focusing on reducing alcohol-related risks by decreasing drinking and developing coping skills. Such interventions have been quite successful (Miller & Heatter, 1980), particularly among women (Miller & Joyce, 1979, Sanchez-Craig et al., 1989).

This presentation reports on women responding to advertisements for a 10-week drinking reduction program for women concerned about their drinking and interested in reducing alcohol intake. The program received 532 calls from interested women. 56% of the callers were program-eligible based on a brief telephone screen and were offered an intake appointment. 192 (64%) of the telephone-eligible women attended this intake appointment. They reported a mean age of 39 years and a mean Michigan Alcoholism Screening Test score of 14. During the 6 months prior to intake they averaged per month: 10 days of abstinence, 6 days engaged in light drinking (1-3 standard drinks) [each SD defined as 1 oz. of 86-90 proof spirits or its equivalent in beer or wine], 8 days engaged in moderate drinking (4-6 SDs), and 6 days engaged in heavy drinking (>6 SDs). The most significant alcohol related problem areas were impulse control and social-interpersonal. The women felt alcohol had been a problem an average of 5.7 years. Eysenck Personality Questionnaire (EPQ) Extraversion Scale scores (M+14.0) were higher than those reported by alcoholic women (Norm = 10.1) and female normal controls (Norm = 12.6). EPQ Neuroticism Scale scores averaged 13.6, lower than the norms for alcoholic women (18.1). EPQ Lie Scale and Psychoticism scores were within the normed normal range. On an alcohol expectancy questionnaire, the strongest relative expectancies were on the tension reduction and activity enhancement factors.

These data indicate the presence of a motivated population of women interested in reducing the risks associated with their alcohol intake. Indeed, of the 171 women who were offered treatment, 122 (71%) completed at least 6 sessions. Treatment outcome data now are being collected. In the meantime, further efforts are needed to iden-



tify problem drinking women and to develop interventions geared toward their specific needs.

### **COPPEL, Anne**

Clinique "Liberté", France

#### **HARM REDUCTION AND THE FRENCH POLICIES AGAINST DRUGS**

In spite of facing a most serious epidemic, France has not modified its politics against drugs.

Neither public opinion, nor politicians, not even the specialists in drug addiction seem to be informed of harm reduction policies which other countries have experimented with, especially in Europe.

During the year 1993, public debate was begun as several associations involved in fighting AIDS or concerned with prevention or patient care (Medecins du Monde), as well as Drug User Associations (ASUD) decided to unite their efforts in proposing harm reduction policies.

We will present here the difficulties and the challenges, in our view, of this struggle.

**BIGG, Dan; BIGG, Ken; BRAINE, Naomi; CAMPBELL, Rodney; CRAWFORD, Deborah; CULVER, Al; HANSON, Mike; LAWLOR, John; O'BRIEN, Greg; PARTS, Mark; SZYLER, John; TETER, Caroline; WILLIAMS, George; and ZEMBLIDGE, Tom. (presented by D. Crawford)**

The Chicago Recovery Alliance, USA

#### **IMPLICATIONS OF A TRANSITION TO TRUCK-BASED SYRINGE EXCHANGE IN A COLD URBAN AREA**

Since January of 1992, the Chicago Recovery Alliance (CRA) has operated street-based sites of risk reduction with syringe exchange in Chicago. For two winters, CRA volunteers have frozen their collective asses off for two hour periods, several times a week. Feedback from exchange users included requests for heat in winter, off-street exchanging, and on-site medical services.

Private funding allowed for the purchase of a vehicle large enough to accommodate our street-based outreach work. Discussion will include the process of procuring the vehicle, experience from the transition to using the vehicle and demographics and other findings of syringe exchange operation after the transition to vehicle-based operations will be discussed, slides shown, and contacts shared.

### **CROSBY, Sarah**

Manchester Action on Street Health, UK

#### **WORKING WITH PROSTITUTES: REDUCING RISKS, EXPANDING SERVICES**

MASH has a unique role in relation to HIV prevention and harm reduction for female and male prostitutes working in Manchester. Prior to the Project's launch in 1991, this client group was completely disconnected from mainstream health-care services.

##### **DISCUSSION POINTS:**

- Lifestyle and culture of drug using prostitutes
- Problems associated with attracting and retaining a client group whose lifestyle is inherently chaotic, into services which have traditionally limited accessibility, and a medically biased image.
- Opposition to harm-minimisation policies
- Opposition from a variety of sources e.g. police, local businesses, etc. and, to some extent, wariness from statutory funding bodies.
- Problems associated with expanding services
- Establishing a low-threshold, harm-minimisation service for drug using prostitutes working on "beats" in residential neighbourhoods.
- Making and maintaining contact with non-opiate drug using prostitute women, working in saunas.

**SUMMARY:** Interventions to be focused on in this presentation will include:

- multi-agency, multi-disciplinary approaches
- a low threshold methadone dispensing service
- making links between safer drug use and safer sex (e.g. non-paying partners)
- minimising hostility/maximising co-operation in a potentially hostile environment
- outreach work - more than just a rucksack and a packet of syringes!

**CUNNINGHAM, John A.; SOBELL, Linda C.; JOHNSON, Lisa; SOBELL, Mark B.; and AGRAWAL, Sangeeta.**

Addiction Research Foundation, Canada

#### **AWARENESS OF SELF-CHANGE AS A PATHWAY TO RECOVERY FOR ALCOHOL ABUSERS IN 3 DIFFERENT GROUPS.**

Prevalence rates suggest that self-change for alcohol abusers is common. However, previous research has shown that the general population is sceptical about the possibility of resolving an alcohol problem without treat-

ment. To explore this apparent paradox, the present study assessed knowledge about resolutions of alcohol problems without treatment in three different subject groups. Preliminary analyses indicate that 49.4% of problem drinkers who resolved without treatment, 29.7% of problem drinkers in treatment, and 13.8% of nonproblem drinkers knew someone who had recovered from a drinking problem on their own. Also, people who recovered on their own appear reluctant to tell others about their alcohol resolution. The implication for harm reduction is that increasing awareness about self-change might encourage alcohol abusers who are unwilling to seek treatment to attempt to resolve their drinking problems on their own.

**CYLAR, Keith D.; and KING, Charles**

Housing Works, Inc; USA

**STAFFING A HARM REDUCTION AGENCY:**

**MANAGING AN INTRICATE MOSAIC**

Housing Works, Inc. is a housing, advocacy and service organization for homeless people and families with HIV infection or illness in New York City. It serves a population which is 90% Black and Latino, and eligible for or on public assistance, homeless or at risk of homelessness. In terms of gender the split is 60% male, 40% female, with 70% active drug users or with a history of drug use, 40% with histories of mental illness, and 30% gay or lesbian. The staff of this organization is similarly mixed in terms of race, ethnicity, gender, age and lifestyle (including gay, lesbian and heterosexual orientations), class, drug use and HIV status. They differ in educational backgrounds, skill levels, philosophies and spiritual/religious beliefs. The Director's responsibility is to select, train, nurture, support, supervise and manage this heterogeneous group for maximum effectiveness in serving the shared goals of the agency in serving its target population.

The paper will describe the philosophy, training, supervision, support and development of this diverse group into a smoothly functioning cadre capable of fulfilling the mission of Housing Works, Inc.

# D

**DALGLISH, Peter, and LOWRY, Christopher**

Street Kids International, Canada

**COMFORTS OF THE HOMELESS: SEX AND DRUGS ON THE STREET**

Street youth all over the world share a common culture which is characterized by economic marginalization, the formation of youth gangs in the face of family breakdowns, and mistrust of authority. They value friendship, courage, and loyalty. They also place primary value on the ability to take care of oneself. This may include the choice to take drugs as an antidote to the misery of slum life, and the decision to exchange sex for money, shelter or drugs. Street youth may engage in high-risk behaviour such as unprotected sex in order to fulfil their urgent and immediate needs — to improve their well-being. The most effective interventions to promote safe sex and safe drug use among street youth are those that place safe sex and safe use on the continuum of "taking care of yourself" without judging the nature of the sexual activity or drug use.

**DAVIS, Paul; and BOLTON, Judy**

Centre for Addiction Studies, St. George's Hospital Medical School, UK

**WHY ARE SO FEW HIV POSITIVE CASES WHO ARE INJECTORS REPORTED IN THE S.W. THAMES REGION OF ENGLAND? A REPORT OF RESEARCH INTO THE POLICIES AND PRACTICE OF HIV TESTING AND COUNSELLING BY DRUG AGENCIES.**

The south west Thames Region covers 3-1/2 million people in the south east of England including parts of London; it has over 50 specialist drug agencies providing a range of services from informal counselling to residential programmes. The cumulative total as of 31 December 1992 of HIV-positive injecting drug users was 67, compared with figures of 263, 286 and 481 for south east, north east, and north west Thames regions, respectively.

There are several possible reasons for the lower figure which the present paper examines. The research consisted of surveys of staff from all of the drugs agencies in the Region and in addition included Genito-Urinary Medicine Clinics and some primary health care services. One hundred injecting drug users were also interviewed. The impli-



cations for policy, staff training and resource allocations are discussed.

**DAVOLI, M.; MONTIROLI, P.M.; PERUCCI, C.A.; ZAMPIERI, F.; ARCA, M.; and ABENI, D.D. (presented by Marina Davoli)**

Epidemiology Unit, Lazio Region Health Authority, Italy

**CHANGES IN RISK BEHAVIORS OF INTRAVENOUS DRUG USERS (IVDUs), ROME 1990 -1992.**

**OBJECTIVE:** To compare risk behaviors among IVDUs in Rome in 1990 and 1992.

**METHODS:** Cross-sectional design. Study population: IVDUs in treatment (252 in 1990, 250 in 1992) and out of treatment (235 in 1990, 200 in 1992).

RESULTS:	IN TREATMENT		OUT OF TREATMENT	
	1990 (N=252)	1992 (N=250)	1990 (N=235)	1992 (N=200)
GENDER (% MALES)	84.1%	70.6%	76.2%	73.0%
AGE (MEAN)	28.4	30.4	27.6	32.0
EDUCATION (%>8 YEARS)	52.7%	65.6%	61.2%	76.0%
JAIL (% YES)	53.6%	68.8%	53.6%	47.5%
HEROIN USE (%<1/DAY)	11.2%	28.4%	12.3%	39.0%
HIV (% POSITIVE)	28.4%	39.1%	29.0%	27.5%
BORROWING NEEDLES (%)	27.0%	16.8%	21.3%	10.5%
LENDING NEEDLES (%)	27.0%	13.2%	30.6%	12.5%

Drug injectors report lower needle sharing in 1992 compared to 1990 (Odds Ratio=0.53 for borrowing and 0.45 for lending among IVDUs in treatment), (OR=0.43 for borrowing and 0.32 for lending among IVDUs out of treatment); the ORs do not change substantially after adjusting for age, sex, education and frequency of heroin use.

**CONCLUSION:** The evidence of reduced but still existing sharing of needles, together with high HIV prevalence, should be considered in predicting the spread of HIV and the planning of appropriate preventive interventions.

**DEMBO, Richard; WILLIAMS, Linda; and SCHMEIDLER, J. (presented by L. Williams)**

Criminology Department, University of South Florida, USA

**A LONGITUDINAL STUDY OF JUVENILE DETAINÉES: CONTRIBUTION TO THEORY AND POLICY REGARDING DRUG USE AND DELINQUENCY/ CRIME AMONG HIGH RISK YOUTH**

Since 1986, the authors and their associates have been pursuing a longitudinal study of a cohort of 399 juveniles who entered a detention center in Tampa, Florida. The study probes a variety of life experience areas, including substance use (both self-report and urine test data), physical abuse and sexual victimization experiences, the youths' emotional/psychological functioning, their family's alcohol/other drug abuse and mental health problems, and family involvement in crime; and has collected information on the youths' recidivism. High prevalence rates of these problems have been found among these high risk youths, permitting the fruitful examination of the relationships among these experiences. This paper summarizes the implications of the various analyses we have completed on this data set for a theory of drug use and delinquency/crime among high risk youth; and identifies harm reduction policies to address these problems.

**DEWIT, David**

Addiction Research Foundation, Canada

**IDENTIFICATION OF HIGH RISK YOUTH**

A student self-report screening questionnaire has been developed containing a battery of demographic, psychological and social correlates (ie., risk factors) known through longitudinal research to be antecedent to substance use, school drop out and violent and other anti-social behaviour. To identify students who are high risk, measures are used to construct sub-indices of risk and protective factors for each of the three problem behaviours. Combination of sub-indices yields overall risk factor and protective factor scores for each individual. Students are considered as "high risk" if they rank high on any one of the three separate risk factor sub-indices and at the same time low on the corresponding protective factor indices.

**DOLAN, Kate; WODAK, Alex; HALL, Wayne; GAUGHWIN, Matt**

National Drug and Alcohol Research Centre; St. Vincent's Hospital; Royal Adelaide Hospital; Australia

**HIV RISK BEHAVIOUR IN AND OUT OF PRISON**

**OBJECTIVE:** To monitor the risk behaviours of HIV positive and negative injectors in and out of prison.

**METHOD:** 25 HIV positive and 160 negative drug injectors who had a history of imprisonment were recruited from agencies and from snowballing. Respondents were asked about their risk behaviours in the three months before, during and in the three months after prison. They were also tested for HIV antibodies.

**RESULTS:** Both groups were similar in age, age of first injection, age of first sexual contact and age when first in prison. Groups differed in that the HIV positives were significantly more likely to be homo/bisexual (if male), to be Aboriginal and to have been in prison less than four times. HIV-positive were less likely to inject heroin, but more likely to inject stimulants than the HIV-negatives. Outside prison over 80% in both groups injected, with nine percent of HIV-positives passing on injecting equipment and 24% of HIV-negatives receiving used injecting equipment. In prison, 44% of both groups continued to inject with 73% of HIV-positives passing on equipment and 71% of negatives receiving used injecting equipment.

Outside prison, over 80% of males in both groups were sexually active and HIV-positives were significantly more likely to use condoms than the negatives. Inside prison, 60% of the positives and 6% of the negatives engaged in sex. Unprotected anal sex was the most common form of sexual activity.

**CONCLUSIONS:** IDUs in prison need to be able to protect themselves from HIV and other infections when in prison. Prisoners need access to condoms. Consideration needs to be given to a pilot syringe exchange scheme in prison in New South Wales.

**DONOGHOE, Martin; HUNTER, Gillian; and STIMSON, Gerry**

Centre for Research on Drugs and Health Behaviour, University of London, UK

**HIV PREVALENCE IN LONDON IDUS (1990 to 1993):****IS HARM REDUCTION WORKING?**

**OBJECTIVE:** To examine trends in HIV prevalence among London injecting drug users (IDUs) over four years 1990, 1991, 1992 and 1993.

**METHODOLOGY:** Four serial point prevalence studies of drug injectors were conducted in London in 1990, 1991, 1992 and 1993 using a structured questionnaire, and common sampling and study methodology. IDUs were recruited at multiple sites and in and out of treatment to limit possible bias from single site and treatment-only samples. Subjects donated saliva specimens which were tested with consent for HIV antibodies.

**RESULTS:** Table shows confirmed HIV antibody status by saliva.

**HIV PREVALENCE IN LONDON IDUS**

(% CONFIRMED POSITIVE IN ANALYZABLE SAMPLES):

1990	1991	1992	1993
63/491	43/438	30/426	32/459
12.8%	9.8%	7.0%	7.0%

**IMPLICATIONS:** There has been no dramatic increase in rates of HIV among IDUs in London over the study period. Rates remain lower than in many other cities where drug injecting is prevalent. Harm reduction strategies have been pursued in England for many years. We suggest that these strategies have played a major role in the prevention of HIV among IDUs.

**DRUCKER, Ernest; NADELMANN, Ethan; and WODAK, Alex**

Montefiore Medical Center, The University Hospital for the Albert Einstein College of Medicine, USA; Woodrow Wilson School of Public and International Affairs Princeton University, USA; Alcohol and Drug Program, St. Vincent's Hospital, Australia

**STRATEGIC ADVOCACY FOR DRUG POLICY REFORM: A WORKSHOP**

As the limitations of drug control policy based on prohibition become increasingly apparent and a range of alterna-



tive options are developed and presented, attention is turning to improving advocacy for drug policy reform. In this workshop, three Jewish troublemakers will explore the process of developing specific strategies for bringing about change in diverse communities. Drawing upon the experiences of the audience and the potential role of various professions these strategies will be analyzed and discussed.

**DUBOIS-ARBER, Françoise; CATTANEO, M.;  
GERVASONI, J.P. (presented by J.P. Gervasoni)**

Univ. Institute for Social & Preventive Medicine, Switzerland

#### **EVALUATING THE HARM REDUCTION POLICY RELATED TO DRUG ABUSE IN SWITZERLAND**

The Swiss government has launched new measures in order to reduce the number of heavily dependant drug users by 20% before 1996. An evaluation programme has been developed to estimate the degree of achievement of this goal, by translating it into research questions and defining relevant indicators (operationalisation of the objectives). Two domains have been considered: primary prevention and secondary/tertiary prevention (early detection, assistance, treatment and rehabilitation). For each of these broad domains the evaluation is based on data about indicators of the implementation and follow-up of various programmes (process) as well as general outcome indicators. Elements of the social environment are also examined. This programme will analyze and combine data already available (surveillance systems) with data generated by special studies.

The detailed methodology used as well as examples of the results of the evaluation baseline report will be presented.

**DUNCAN, David F.**

Brown University, USA

#### **EPIDEMIOLOGY USE AND MISUSE IN SHAPING & ASSESSING DRUG POLICY**

Two types of epidemiologic data have become commonly used in drug policy analysis - prevalence surveys of drug use and drug-related mortality figures. Both measures are inadequately focused.

We need to look at prevalence of abuse, not merely of use. Furthermore, for purposes of policy analysis, we need to examine current prevalence and incidence rather than lifetime prevalence.

In terms of mortality data, we need to examine mortality rates for which drug use is an underlying or a contributing cause. Such measures, given more specific focus, can do much to forward the goal of a harm reduction policy.

**E**

**ELDEN, Arwyn; LIEBMAN, Jon; and MULIA, Nina**  
Philadelphia Health Management Corp., USA

#### **WOMEN, HIV AND CRACK COCAINE: THE POTENTIAL FOR HARM REDUCTION INTERVENTION**

The use of crack cocaine has recently been associated with increased risk of infection with HIV and other sexually transmitted diseases (STDs), particularly among women. Although this is assumed to be related to the exchange of sex for drugs, little is known about the determinants of high risk sex in this context. This paper reports on a qualitative study of crack-using women in Philadelphia which addresses topics related to disease transmission, including the exchange of sex for drugs, barriers to condom use, violence, barriers to utilization of drug treatment, and beliefs about the origin and spread of AIDS. Discussion will focus on issues relevant to the development of harm reduction interventions, specifically including the potential for reducing HIV/STD infection and interpersonal violence and improving utilization of addiction treatment services.

**ELLIOT, Lawrence; GRUER, I; and CAMERON, J.**

HIV & Addictions Resource Centre, Ruchill Hospital, Scotland

#### **SO, WHO OBJECTS TO NEEDLE EXCHANGE PROGRAMMES**

**OBJECTIVES:** Needle exchanges have been on occasion the subject of adverse public criticism, yet it is not known how widely this opinion is held in the UK population. The present study aims to quantify the support (or opposition) for needle exchanges in the general population of two major Scottish cities, and identify subgroups who are opposed to the service. It is the first study to address this problem using quantitative techniques.

**METHODS:** Three questions relating to needle exchange and drug injecting were inserted into a general health survey conducted during June-October 1992 by the Research Unit in Health and Behavioural Change, Edinburgh Centre. A total of 1,025 subjects were sampled from Glasgow and Edinburgh using a randomised digit dialling procedure. Data concerning subjects' age, sex, occupation and age when leaving fulltime education were also collected.

**RESULTS:** Approximately 933 (91%) agree with needle exchanges being generally available and 714 (70%) do not object to them operating in their neighbourhood. Discriminant analysis showed little difference between those who object to exchanges in their neighbourhood and those who do not. However, a second discriminant analysis, on the classified (Group 1) and mis-classified objectors (Group 2), found important differences. Group 1 (30% of objectors) tend to disagree with the general availability of needle exchanges and do not think it important that drug injectors use sterile needles. They are also more likely to live in areas of high injecting prevalence, are older, work in manual jobs and have experienced less full-time education compared with Group 2. The six model variables explain 73% of the variance between the groups. 94% of cases are correctly classified and the canonical correlation is 0.88. So, three main groups emerged from this analysis: The majority (70%) who have no moral or practical objections to needle exchanges; those who object to needle exchanges in their neighbourhood, 20% (Group 2); and 10% (Group 1) who object on moral and practical grounds.

**CONCLUSION:** Although opposition to needle exchanges exists it is not extensive in the general population. However, the opinions of minorities are important, especially Group 1 objectors who tend to live in areas of high injecting prevalence which are potential needle exchange sites. It is argued that pre-existing attitudes towards drug users contribute towards their views. Future public awareness campaigns should target this group. It is also recommended that they be involved in the planning of needle exchanges.

#### **ERICKSON, Pat**

Addiction Research Foundation, Canada

#### **LIMITS OF SUPPLY REDUCTION APPROACHES**

Researchers and police officials consider the costs and benefits to public order and to the police of street drug enforcement in North America, and how a policy shift towards

harm reduction would affect the performance of the police role. Speakers at this session include: Robert Worden, Terry Ryan, Neil Jessop, and Pat Erickson (commentator).

## **F**



#### **HOWES, Samantha; FARRELL, Michael; TAYLOR, Colin; and LEWIS, Glynn (presented by M. Farrell)**

National Addicition Centre, UK

#### **"MOVING THE MOUNTAIN": CONDUCTING A DRUG PREVALENCE STUDY IN AN INNER CITY SETTING.**

Drug prevalence studies in inner city settings are inherently problematic because of problems with estimating prevalence. This presentation will discuss a pilot community-based study, based on a large urban housing estate, which attempts to address this prevalence estimation problem. A survey was conducted which encouraged respondents to come to a central interviewing point within the estate, rather than being interviewed within their own homes by door to door interviewers.

The study and sampling methods used have shown that it is possible to access potentially "hidden" populations of drug users within the general population and within an inner city setting, whilst at the same time producing valuable and reliable data.

In particular, this study has (1) Produced a large number of positive responses to drug questions, including the use of amphetamines, cocaine and heroin. (2) Shown how few users (both current and past) have been in touch with any formal treatment agency. (3) Has allowed us to gain insight into the type of community we are working within. (4) Proved relatively cheap and quick to implement.

#### **FERRENCE, Roberta**

Addiction Research Foundation, Canada

#### **HARM REDUCTION APPROACHES TO TOBACCO SMOKING**

The application of harm reduction approaches will be discussed at the level of the individual smoker, in terms of low yield and light cigarettes, at the policy level, in terms of is-



sues of tobacco harm reduction, and at the international level in terms of structural approaches to change. Speakers at this session include; John Pinney, Lynn Kozlowski, Neil Collishaw, and Roberta Ferrence (commentator).

### **FISCHER, Benedikt**

Addiction Research Foundation, Canada

#### **CONTEMPORARY CANADIAN DRUG POLICY**

With the launch of "Canada's Drug Strategy" (CDS) in 1987, a significant shift from the country's traditionally repressive response to illegal drugs was expected. The CDS raised this expectation with its declared goals of "harm reduction" and a "balanced approach towards the demand and supply side" of the drug problem, expressing this policy profile through the CDS' funding structure, with 70% of its resources assigned to "demand-side efforts" in treatment and prevention. This paper analyzes the policy structure and implementation of the CDS and its components from a policy-analytical perspective. With the resulting evaluation, I conclude that the program's funding imbalance distorts rather than reflects the quality and the effect of the measures on either side. Second, in the overall context of Canadian drug policy and its instruments, CDS has to be recognized as a minor, temporary component that did not bring any substantial changes towards a reduction of harm for the drug user. Rather, the reality of Canada's overall drug policy has to be searched for in the Federal Government's recent proposal for a new drug statute (C-85) and its policy implications, which strengthen the strongly prohibitionist criminalization approaches customarily taken with drug users. This discrepancy in goals and measures in contemporary Canadian drug policy must be recognized as the clear failure to change the policy profile on the basis of a philosophy of "harm reduction".

### **FLAHERTY, Anthony**

Massachusetts Housing Finance Agency, USA

#### **HARM REDUCTION AND ALCOHOL IN THE HOME**

The Massachusetts Housing Finance Agency (MHFA) is a quasi-public residential lending institution — a bank — with 60,000 mixed income multi-family housing units in its portfolio. Historically, management of housing has restricted itself

to paying attention solely to matters of "bricks and mortar."

MHFA broke with tradition. Soliciting advice from some recovering alcoholics, who were also expert in housing management and development, it responded to complaints of property managers that alcohol abuse was the primary cause of the physical, financial, social, and spiritual harm experienced in their communities, and that the reality of their experience was not respected.

MHFA used its power as holder of a \$4 billion portfolio to influence the housing industry's opinion and behaviour, focusing on reduction of harm due to America's #1 drug of choice - alcohol.

Training was developed tailored to particular needs of staff and residents in relationship to substance abuse, and community intervention was promoted as a tool to reduce harm. The common thread of exposure to the consequences of addiction united developers, property managers, Agency executives, maintenance staff, and residents as did no other societal problem, and moved the insurance industry to grant insurance premium reductions where training was instituted.

Lives have been saved, expenses have been cut, and a harm reduction program was realized throughout a system most fittingly begun where the health of the community must begin - in the home.

### **FLEMING, Philip M.; and POLING, Michael**

Wessex Regional Drug Dependency Services

#### **DRUG AND ALCOHOL SERVICES IN RUSSIA - A WESTERN PERSPECTIVE**

This paper reviews the state of drug and alcohol services in Russia. Since 1989, the authors have been involved in an exchange with Russian colleagues from St. Petersburg, and the information thus gained forms the basis of the paper. The background and the development of addiction services in Russia is described, and the current problems of alcohol and particularly of drug misuse are discussed. Current methods of treatment are considered, in the context of a description of the addiction services in St. Petersburg. Some of the issues facing the authorities are discussed: poor training in addiction, the low status of the specialty, over-medicalisation of treatment, and the absence of any community based services. The lack of any harm reduction policies or practice is noted.

**FLYNN, Stephen E.; and STARES, Paul B.**

The Brookings Institution, USA

**BEYOND STATE-CENTRIC RESPONSES TO COMBATING DRUG ABUSE**

In a two-year project currently underway at the Brookings Institution in Washington, D.C., the authors have been monitoring global trends in drug production, trafficking, and consumption. They note that the surge in all three of these activities are tied closely to developments connected with the passing of the cold war era. As political, technological and commercial trends fuel the creation of an increasingly borderless world, the marketplace for all drugs — licit and illicit — can and is expanding dramatically. Further, as multi-national corporations, NGOs, regional organizations like the EEC, media and communications conglomerates, and individuals themselves crowd on to the global stage, governments are losing their ability to control events within and across their national boundaries. Accordingly, state-centric responses — especially prohibitory ones — for combating drug abuse hold false promise.

Any new approach to the global drug challenge must be guided by three principles: (1) a common understanding of the global scope and the universal ingredients of the problem; (2) an international consensus on how to proceed; and (3) an integrative response that enlists the private and public sectors at the local, sub-regional, national, regional, and international levels. The preliminary findings of this research effort suggests that the best prospect for satisfying these three principles rests with building a consensus around the harm reduction approach to drug abuse.

**FRIEDMAN, Samuel R.; JOSE, Benny; NEAIGUS, Alan; and DES JARLAIS, Don C. et al.**

National Development and Research Institutes, Inc., USA; Beth Israel Medical Center, USA

**OVER THE COUNTER (OTC) SYRINGE SALES AND HIV IN THE UNITED STATES**

**OBJECTIVE:** To see if states where syringes can be purchased legally (OTC states) have lower HIV seroprevalence and seroconversion rates.

**METHODS:** Secondary analysis of data collected by NIDA-funded NADR/ATOM projects, 1988-1991. HIV seroprevalence data were available for 19,282 out-of-treatment IDUs from 24 cities in 16 states. Follow-up data on initially-seronegative subjects (from 14 cities in 8 states)

were available for 4,758 person-years at risk.

**RESULTS:** In non-OTC states, seroprevalence was 31.8% ( $p < .0001$ ) and seroconversion rate per 100 person years at risk was 1.99; in OTC states, seroprevalence was 5.7% ( $p < .0001$ ) and seroconversion rate was 0.79 (incidence rate ratio = 0.40, 95% C.I. 0.24, 0.67).

**CONCLUSIONS:** Seroprevalence and seroconversion are higher in states without OTC sales. Although more research is needed to untangle historical "chicken-and-egg" relationships between seroprevalence and seroconversion rates (as complicated by their high correlation, by long-term effects of OTC legal status on risk behaviours and social networks, and by unknown dates of entry of HIV into drug injector populations in different cities), these data suggest that laws prohibiting OTC sales may have contributed to higher HIV infection rates.

**CURTIS, Richard; FRIEDMAN, Samuel R.; JOSE, Benny; NEAIGUS, Alan; and DES JARLAIS, Don C. et al. (presented by S. Friedman)**

National Development and Research Institutes, Inc., USA; Beth Israel Medical Center, USA

**HARM REDUCTION AND THE TUBERCULOSIS EPIDEMIC AMONG IDUS**

**INTRODUCTION:** Tuberculosis (TB) among IDUs has been increasing in the USA, Spain, and Italy. In the USA, coercive approaches to "non-compliant" patients, including IDUs, are being implemented.

**METHODS:** Ethnographic observations of drug injection scenes and interviews with drug injectors and service providers.

**RESULTS:** IDUs are afraid of detention for lengthy TB treatments, and confused about TB as a disease. Infectious disease departments treat IDUs with suspected TB with lack of respect, and fail to provide adequate methadone. HIV+, PPD+ IDUs leaving jail and treatment report being given neither prescriptions nor referrals for TB medications. IDUs who think they may "have TB" are avoiding contact with medical, treatment, and AIDS outreach programs.

**CONCLUSIONS:** Harm reduction approaches, including user-friendly directly observed therapy (DOT) should be implemented and developed. The organizational and training ideas of AIDS outreach projects and drug users' organizations should be able to strengthen such efforts. Drug users' organizations should develop ways to develop



awareness and norms that support IDUs in their efforts to protect themselves and others against TB.

## FROMBERG, ERIK

Netherlands Institute on Alcohol and Drugs (NIAD),  
the Netherlands

### DRUG POLICY AND HUMAN RIGHTS

When the Constituante met on August 26, 1789 in Paris to decide upon the "Declaration des droits de l'homme et du citoyen", which was written under the redaction of the Marquis de Lafayette (known from the U.S. liberation war), they defined in the preamble "les droits naturels, inaliénables et sacrés". In article IV was stated and subsequently accepted: (translated) "liberty is to be able to do everything as long as this does not harm others. In this way the exercise of the natural rights of each person, is only limited by those limits that guarantee other members of society the enjoyment of the same rights and these can only be limited by the law".

This has been one of the most basic principles of the civil (and as such human) rights in the western society. A corollary of this basic right is that the state does not have the right to limit the exercise of the liberty of the citizen, unless the exercise of this liberty harms other people.

This is not to say that society has to morally justify all individual behaviour of its members, it means only that the state does not have the right to prohibit those behaviours unless they directly harm other citizens. Accordingly, our penal codes and the code of criminal proceedings are based on this principle.

When the United States at the end of the nineteenth century began to campaign for control of the trade in opium, partly based on its strong abolitionist tendency, partly for economic reasons, the international drug treaties that were concluded as a result did not limit the rights of citizens to use these drugs, as they were in principle legally available, but to limit trafficking, although this approach was often defended in terms of protection of public health.

This kind of regulation, however, had nothing to do with the general public in Europe and the U.S.A., as it only regarded our colonies. Drug use in the western countries was not a public but a medical concern. To execute the 1914 International Opium Treaty, laws were proposed to the different Parliaments which would prohibit the production and trade in raw opium, processed opium, morphine, heroin,

and cocaine except with government approval, for medical reasons and would leave the distribution to pharmacists and physicians. These national laws did not prohibit possession for personal use: the user was not criminalised.

After the first World War, nobody in war-torn and tired Europe objected to the United States' pressure to extend the prohibition of the use of opium, coca and cannabis, and so a paragraph appeared in the Versailles Treaty that ended W.W.I. Again, this did not criminalise the use of drugs.

In the twenties the pressure increased to extend the existing international treaties from drug crops such as opium-poppies and coca-leaves, to their chemical derivatives; morphine, heroin and cocaine, and to limit their production. Although both the Germans and the Dutch objected, as refined opiates and pure cocaine were important income generating drugs for their respective pharmaceutical industries, they complied, and the 1925 Geneva Treaty was ratified. This started the criminalisation of drug use, bringing all then known "drugs" and their derivatives under the penal code, except when used in the realm of the medical/scientific profession.

However, in the nineteenth century many European and American patent medicines contained cannabis, mostly as an alcoholic extract: cannabis-tincture. Although their use was labelled as medical, these potions were freely available: no legal controls existed. This was not abnormal: pharmacists in the western world produced many potions containing psychoactive drugs, although of low potency. The "medical" use of the cocaine-containing Vin Mariani and the original Coca Cola as "tonics" are well known examples. At the end of the nineteen-twenties, a very low proportion of all medically prescribed cocaine, opium-derived potions, laudanum or paregoric were used under circumstances that could now be considered "medically proper". The use of these potions diminished slowly as stricter controls were imposed on medicines, not primarily to reduce their use, but as a protection for the medical and pharmaceutical professions. This made the use of these types of drugs less of a public concern, as they were medically controlled.

When legal availability was limited by firmer regulations regarding pharmacy and medicine, and individual use outside the medical situation was criminalised, the basis was laid for a serious infraction on the "droits naturels, inaliénables et sacrés". As drug use in itself is not harming other citizens, it is an inalienable right of the individual citizen, although other citizens have the right to reject it morally. Drug prohibition by the state is thus illegal.

But the consequences of this structural illegality go much further than the criminalisation of the drug user. As prohibition is contrary to the normal function of the penal code, a number of developments occur which erode the structure of our penal system and even the whole fabric of society. This alone is reason enough to change policies and to return to the proper application of the "droits naturels, inaliénables et sacrés".

### **FROMBERG, Erik**

Netherlands Institute on Alcohol and Drugs (NIAD),  
the Netherlands

#### **EARLY HISTORY OF DUTCH HARM REDUCTION POLICIES**

Harm reduction policies were already applied when in 1972 the Amsterdam Vondelpark was flooded with young hippie tourists. A care service was organized by the municipality in cooperation with members of the Dutch hippie community. Services were mainly aimed at Cannabis and LSD users, although in this time the first heroin addicts appeared in Amsterdam.

These experiences, especially with heroin users, led in 1974 to the foundation of the HUK, a daycentre where active users were allowed to inject heroin, which provided medical services, low threshold methadone maintenance, free meals, clean needles and syringes and social rehabilitation services such as work and housing.

This system was closed by the municipality in 1982. It was perceived to be too permissive, especially as the dealing of heroin by housedealers was permitted in the centre. This drew an increasing number of addicts to this centre and the provision of clean syringes and needles was perceived as stimulating the use of heroin. Due to time limitations, the 100 slides which illustrate this presentation will be presented in another session.

### **FUGELSTAD, Anna**

Department of Forensic Medicine, Karolinska  
Institute, Sweden

#### **HEROIN DEATHS IN STOCKHOLM 1986-1991**

This study includes all deceased drug users examined at the Department of Forensic Medicine in Stockholm 1986-1991, in all, 475 persons. In Sweden approximately 90%

of all deceased drug addicts are examined at forensic departments. The forensic examination was completed with toxicological screening and HIV testing in all cases.

323 persons had heroin in their blood or were known as heroin addicts when examined at the Department. 251 died in connection with drug injection. 135 were found in public places, such as outdoors or public washrooms. The rest were found in their flats, or dwellings belonging to relatives and friends.

The blood concentration of heroin was studied in different groups of opiate users, in order to search for factors contributing to fatal intoxication.

131 heroin users died in connection with drug injection and were found after very shortly after death. This group was compared with heroin users dying from other causes, such as accidents and homicides and with a group of surviving opiate users using an emergency department in Stockholm.

The blood concentrations of heroin showed a considerable overlap when comparing the three groups. Some persons died with very low blood concentrations of heroin, and others survived with high concentrations.

A number of factors seems to be important for fatal outcomes of heroin intoxication:

- 1) Periods of lower tolerance
- 2) Irregular use of the drug
- 3) Concomitant use of alcohol and other drugs
- 4) Lowered resistance as result of HIV-infection

## **G**



### **GAMBLE, Laura; and GEORGE, Michael;**

Drug Advice and Information Service (DAIS):  
Options Community Drug Team; UK

#### **REALLY USEFUL KNOWLEDGE**

Research into recreational drug use suggests that we may learn more about treating problematic drug use from the study of non-dependent use than from the study of drug abstainers. Semi-structured interviews were held in pubs and clubs on the south coast of England with 25 young recreational drug users to "map out" the self-imposed boundaries of their drug use, the lessons they had learned,



the social and safety taboos which governed their use of drugs and the ways in which this folk-lore had been gained. Both formal and informal, experiential and communicated knowledge appear to have been built up into a corpus of fact, fantasy and mythology which influences recreational drug use in young people.

### **GANGULY, Ranjit K.**

Swope Parkway Health Center, USA

#### **THE IMPORTANCE OF EFFECTIVE ADDICTIONS (ALCOHOL/DRUG)**

##### **TREATMENT SERVICES TO THE DEMAND REDUCTION FOR SUBSTANCES**

Substance abuse has been widely recognized as a treatable disease. The overall treatment goals and objectives are to bring benefits to the individual clients in terms of achieving and maintaining a substance-free, productive lifestyle. The crucial question is to design and develop clinically valid treatment programs to meet the needs of individual clients and to achieve the status of non-users.

This paper focuses on the specific strategies and techniques in designing clinically sound treatment programs which can meet the challenge in delivering the most effective and appropriate services. It includes detailed discussion in the following areas:

- 1) Policies and procedures manual, and treatment protocols of all clinical services.
- 2) Clinically valid patient treatment curriculum.
- 3) Tools, techniques and methods for service delivery systems.
- 4) Trained and qualified addiction treatment professionals.
- 5) Program effectiveness monitoring activities - quality assurance activities, evaluation studies and utilization review.
- 6) Outcome studies.

Finally, the paper emphasizes that only clinically valid treatment programs can bring maximum benefits to a client population with substance abuse problems and thereby reduce the demand for such substances.

### **GARCIA, Fernando**

CESU, Bolivia

#### **HARM REDUCTION AT THE SUPPLY END OF THE DRUG WAR**

The chain of cocaine trafficking extends from consumers in the northern hemisphere to producers in the Andean region. Drug production has been seen as an absolute evil

that must be eradicated at all costs. Thus, fighting supply has become a top priority of U.S. policy since the mid-1980s. This study seeks to evaluate the social benefits of anti-drug policy at the supply end. It concludes that counter-narcotics policy in Bolivia has increased the harm caused by the illegal production of coca-paste and cocaine hydrochloride. Secondly, it proposes specific alternatives to redress the problem. The study is based on two research projects carried out in the Bolivian Chapare during 1992 and 1993, and includes the results of anonymous interviews with coca producers, peasant leaders and scholars working in the field.

### **GARRIOCK, Willie; STEWART, Jackie; and WHITTAKER, Anne**

North Edinburgh Drug Advice Centre, Scotland

#### **YOUNG PEOPLE & DRUG USE DRUG ACTION GROUP:**

##### **CONTACTING YOUNG DRUG USERS WHO FIND OUR SERVICES BORING!**

In recent years we have witnessed a dramatic increase in recreational drug use among young people. Initially confined to the rave/dance scene, it has now become the norm in many housing estates.

Many of the drug services which evolved in the 1980s did so in response to the increase in heroin use. These services have therefore developed primarily to cater for dependent opiate users. Many of today's new drug users do not fit this criteria and consequently don't find drug agencies attractive, nor do these services offer anything which fits their particular needs.

Over the last year a coalition of drug workers has carried out joint work with a local detached youth work team. We are currently carrying out a survey (November 1993) to establish drug trends among 12-18 year olds who are not in touch with existing drug services. Early findings would seem to indicate that this group does not use opiates, as their predecessors did in the 60s.

One way of responding to the increase in recreational drug use is by the use of peer education. One local group, Crew 2000, is already doing some excellent work in this area, particularly around the rave/dance scene. While there are many similarities between the Crews' target group and ours, the different context of street use, as opposed to club use, requires another approach.

Our presentation will therefore argue that while peer education is appropriate it is only part of the answer, and



workers have a role to play in contacting these difficult-to-reach groups. However, it will require workers and agencies to seriously examine their methods of working and the values they hold.

**DUBOIS-ARBER, Françoise; GERVASONI, J.P.;**  
and **CATTANEO, M. (presented by J.P. Gervasoni)**

Univ. Institute for Social & Preventive Medicine, Switzerland

#### **EPIDEMIOLOGICAL APPRAISAL OF ILLEGAL DRUG USE IN SWITZERLAND**

Assessing the prevalence of illegal drug use in Switzerland is difficult, since the data available are fragmentary. The direct indicators - gathered during population surveys and providing information on substance use by people more or less integrated into normal social life show that the life prevalence of drug use is probably increasing. The increase concerns above all cannabis and ecstasy use by adolescents.

Some indirect indicators, such as the age at which people start taking drugs and the number of cases treated, also suggest that the number of heavily dependant drug users of heroin and cocaine may be increasing. These and other indirect indicators - indicators of social integration, number of drug related deaths, number of police arrests - show clearly that the problems related to drug use are becoming more severe.

**GFOERER, Joseph; GREENBLATT, Janet;**  
and **EPSTEIN, Joan**

Substance Abuse and Mental Health Services  
Administration, USA

#### **SELF-REPORTED PROBLEMS ASSOCIATED WITH DRUG USE**

The National Household Survey on Drug Abuse (NHSDA) is an annual nationally representative survey conducted by the Substance Abuse and Mental Health Services Administration. The survey includes questions concerning health and social problems caused by drug use. An analysis of these data was done to study the relationship between drug use patterns and problems attributed to drug use. By combining data collected in the 1991 and 1992 NHSDAs, a nationally representative sample of 61,426 respondents age 12 and older (including 9,744 past year illicit drug users) was available for the analysis. The rates of reporting

for various problems were computed at various levels of drug use. To further clarify the relationship between patterns of use and associated problems, regression models were tested which included controls for possible confounding factors.

**GIERINGER, Dale**  
California NORML, USA

#### **ECONOMICS OF CANNABIS LEGALIZATION**

Marijuana legalization offers an important advantage over decriminalization in affording substantial tax revenues from cannabis. In the absence of taxation, the free market price of legal marijuana would be negligible, on the order of \$.05 - \$.10 per joint. In terms of intoxicating potential, a joint is equal to about \$1 - \$2 worth of alcohol. The easiest way to hold the price at this level in a legal market would be by an excise tax. An examination of the external costs imposed by cannabis users on society suggests that a "harmfulness tax" of \$.50 - \$1 per joint is appropriate. Taxation in this range might be expected to raise around \$2.2 - \$6.4 billion per year in the U.S.; total economic benefits could be twice as great, counting enforcement savings, the economic benefits of hemp agriculture and other spin-off industries.

**GIESBRECHT, Norman; DOUGLAS, Ron; WEST, Paulette;**  
**CAVERSON, Reggie; CHRISTIE, Richard; GOODFELLOW,**  
**Robert; and MARSHMAN, Joan**

Addiction Research Foundation, Canada

#### **REDUCING HIGH RISK USE OF ALCOHOL THROUGH MULTIPLE COORDINATED STRATEGIES: FOCUSING ON THE PERSON, DRUG AND THE ENVIRONMENT IN A COMMUNITY ACTION RESEARCH PROJECT**

High risk drinking is typically associated with a variety of social occasions, events, settings and activities, and is typically not isolated from routine social interactions and cultural activities. For example, it is known to be associated with driving, boating, snowmobiling, home entertaining, and leisure or social activities in licensed establishments or in connection with special occasion permits. This presentation will provide an interim report on a multi-component and multi-targeted intervention strategy of a large-scale community action research project. In order to reduce

high risk drinking, coordinated prevention initiatives to increase awareness, change policies and practices, and encourage alternatives are underway or planned. Documentation and research are integral parts of this multi-disciplinary approach to prevention challenges. Through general population surveys and special surveys, as well as collection of archival statistics and on-going process documentation, the parameters of high risk drinking are identified and community perceptions of alcohol-related problems and preferred approaches are noted to help focus prevention activities and eventually assess their impact.

### **GLIKSMAN, Louis; and RYLETT, Margaret**

Addiction Research Foundation, Canada

#### **CAN GOVERNMENT FUNDING BE A USEFUL TOOL IN REDUCING ALCOHOL AND OTHER DRUG USE PROBLEMS? EVALUATION OF THE FOCUS COMMUNITY PROJECT.**

The Focus Community Project is a government sponsored program that has attempted to reduce the incidence of prevalence of alcohol and other drug-related problems. By the infusion of financial resources and additional support such as training and consultation, the program hopes that grass-roots community coalitions will be able to implement programs to improve the quality of life in the community.

The present study will present the results of a series of five surveys conducted in each of the nine communities that are part of the project. The analyses, primarily ANOVAs, will focus on the changes that have occurred across all nine communities in a variety of areas (e.g., perceptions of the drug environment, perceptions of safety, community mobilization, community involvement, etc.) The implications of this approach for the reduction of use, problems and subsequently harm will be discussed.

### **GOLDSTEIN, Paul**

University of Illinois, Chicago

#### **CORRELATES OF ANABOLIC-ANDROGENIC STEROID USE IN THE GREATER CHICAGO AREA**

Most previous research on anabolic steroids has focused on athletes, especially those in school. Research findings are presented from a study of adults who were recruited from gyms in the greater Chicago area. Etiological factors

in steroid use are discussed. Findings are presented concerning the nature and scope of other drugs used by persons who also use steroids. Relationships between steroid use and injury are explored. The frequency and volume of steroid use, and frequency and severity of subjects' involvement in violence are detailed. Important comparisons are made between steroid using and non-using subjects, who were part of the same gym "culture," with regard to their involvement in violence.

### **GOLLNISCH, Gernot**

Research Institute on Addictions, USA

#### **DRUG, SET, AND SETTING: A BASIS FOR CLASSIFYING UNTREATED DRUG USERS.**

Drug users are a heterogeneous group. This diversity has to be taken into consideration in the development of harm reduction strategies. Most research on drug users has involved captive populations (i.e., treatment, prison). Unfortunately, these populations comprise only a small percentage of all drug users and may not be representative of that population as a whole. The present study is a classification of drug users (cocaine, crack, opiates) whose drug use ranges from occasional to daily and who have never been in treatment. The classification is based on Zinberg's conceptualization of drug set, and setting. Male and female drug users (N=115) were recruited. Subjects were assessed along the three dimensions of drug use: 1) drug - history, physiological effects, availability, route of administration; 2) set - personality, attitudes, motives; and 3) setting - demographics, family/legal background, and social network. We hypothesized that drug users can be classified into a continuum of profiles based on these three dimensions. Profiles range from use of drugs in a controlled way, with little harm to the individual, to daily use with no control, causing considerable harm to the individual. Results of the classification, derived from cluster analysis, will be presented. Specific harm reduction approaches for each drug user profile will be discussed.



**GOODSTADT, Michael**

Addiction Research Foundation, Canada

**RISK FACTOR RESEARCH**

The Secondary Schools High Risk Youth Project is a model program grounded in previous research identifying (1) interrelationships between a variety of adolescent problem behaviours, including drug use/abuse, school drop-out, and anti-social behaviours, and (2) risk factors for individual problems that are also common to a range of problem behaviours. The model program will give specific attention to a number of these risk factors.

**GOSSOP, Michael; POWIS, Beverly; GRIFFITHS, Paul; and STRANG, John (presented by P. Griffiths)**

National Addiction Centre, UK

**DRUG USE, HIV RISK BEHAVIOUR AND SEVERITY OF HEROIN AND COCAINE DEPENDENCE AMONG PROSTITUTES**

It is known that close links exist between drug and alcohol use and prostitution. Due to the advent of HIV, an understanding of the sexual and drug-taking behaviour of women working as prostitutes has become increasingly important. This paper will present the findings from studies interviewing heroin and cocaine users in the community. The sample were asked about their drug- and alcohol-taking behaviour and their sexual practices both with clients and non-paying partners.

The paper will discuss the links between heroin, cocaine and alcohol use, severity of dependence and sexual behaviour. For example, women working in the sex industry were found to be mainly using heroin and large amounts of alcohol. However, unlike other studies, cocaine was not frequently used. Initiation into heroin use generally began at the same time as first sex-for-drugs transactions. Severity of heroin dependence was associated with frequency of sex-for-money and sex-for-drugs transactions. Those more severely dependent were more likely to be engaging in high risk behaviours.

The results and implications for harm reduction strategies will be discussed fully in the paper.

**GRAHAM, Kathryn; BARON, Jane; and BRETT, Pamela**

Addiction Research Foundation; Lifestyle Enrichment for Senior Adults (LESA) Program, Canada

**HARM REDUCTION APPROACH TO TREATING OLDER ADULT SUBSTANCE ABUSERS: THE CLIENTS SPEAK**

In the early 1980s, an innovative approach was developed for treating older adult substance abusers. Three programs with similar philosophies developed in different parts of Canada almost simultaneously. The programs were innovative in at least three respects: clients did not have to admit to having an alcohol or drug problem (i.e., there was no focus on "breaking down denial"); counselors frequently went to the client's home to provide services; the goals were holistic, with improving overall quality of life and maintaining independent living as the main goals. Abstinence and reduced substance use were seen as related to this goal but neither was required to participate in the program (although often one or the other became an individual client goal). Finally, the programs were entirely geared to the needs of individual clients with no set intervention and no pre-determined length of treatment.

In order to meet the needs of older adults, in terms of both accessibility and acceptability, these programs successfully employed an approach that was completely different from usual addictions treatment. While harm reduction was not always specifically articulated in the program goals, it was clearly the foundation of the approach. The goal of maintaining older people living independently in the community was a clear and practical harm reduction goal. In addition, application of the non-confrontational holistic approach involved very specific harm reduction strategies. For example, instead of focussing on the client's use of alcohol, the counsellor might help the client develop better nutrition, or see that the client received appropriate medical care or help the client find social/leisure activities that did not involve alcohol use (see Graham, et al., in press).

The present paper describes preliminary data based on unstructured interviews currently being conducted with clients of the LESA program, an addictions treatment program for older adults where harm reduction is an explicit program goal. In the interviews, clients are asked to describe their experiences with the program and how they feel that they have changed while associated with the program. For this discussion, the extent that the clients perceive their involvement as part of a harm reduction process will be described.



**GREEN, Anna; and RHODES, Tim**

Centre for Research on Drugs and Health Behaviour;  
Westminster Medical School, University of London; UK

**PROMOTING SEXUAL HEALTH: PROVIDERS' PERCEPTIONS OF OBSTACLES AND OPPORTUNITIES**

This paper presents findings from an exploratory qualitative study investigating the obstacles and opportunities associated with safer sex education with drug users.

Drawing on depth interviews with drug and sexual health service providers, the paper discusses providers' perceptions of drug users' sexual health service needs in the context of the problems and possibilities associated with initiating, undertaking and evaluating safer sex education work. These findings are contextualised by an examination of how 'talk' about sex and sexuality is managed by providers in interpersonal interactions with drug users.

The implications of findings are discussed with regard to the future management and organization of safer sex education and training.

**GREENFIELD, Thomas K.**

Alcohol Research Group, USA

**MANDATED CONTAINER WARNINGS AS AN ALCOHOL-RELATED HARM REDUCTION POLICY: FIRST EVIDENCE FROM LONG-TERM U.S. /ONTARIO SURVEYS.**

In the U.S., alcohol container warnings have been required since 1989. The National Alcohol Warning Labels Survey has evaluated harm-reduction impacts of its messages (drinking during pregnancy, driving impairment, and health problems). Beliefs about alcohol-related hazards, attitudes, and precautionary behaviour from 6-months prior to 18 months post-policy implementation were studied using telephone surveys (U.S., 2000 cases annually; Ontario, Canada [no-intervention control], 1000 cases, annually). We present first results with new 1993 data, 3.5 years post-implementation. U.S. public support for the measure rose significantly from 1989 to 1991 and remains at the high of 91% favourable. Label exposure has continued to increase linearly in the U.S. with target groups well reached, while in Ontario exposure has plateaued. Conversely, evidence in support of the label's early preventive influence on decisions not to drive after drinking does not appear sustained in preliminary analyses of the longer-term data.

**GROULX, Georgette**

Al-Anon Family Groups, Canada

**RECOVERY FOR FAMILIES AND FRIENDS OF ALCOHOLICS**

Alcoholism is a family disease. Living with the effects of someone else's drinking is too devastating for most people to bear without help. Detachment, a recovery tool for the family in Al-Anon, helps members to help themselves.

In Al-Anon we learn individuals are not responsible for another person's disease or recovery from it. We let go of our obsession with another's behaviour and begin to lead happier and more manageable lives, lives with dignity and rights; lives guided by a Power greater than ourselves. We learn:

- Not to suffer because of the actions or reactions of other people
- Not to allow ourselves to be used or abused in the interest of another's recovery
- Not to do for others what they should do for themselves
- Not to manipulate situations so others will eat, go to bed, get up, pay bills, etc.
- Not to cover up for another's mistakes or misdeeds
- Not to create a crisis

Detachment is neither kind or unkind. It does not imply evaluation of the person or situation from which we are detaching. It is simply a means for us to recover from the adverse effects of the disease of alcoholism upon our lives.

**GRUND, Jean-Paul**

Department of Sociology, University of Connecticut, USA

**PEER-DRIVEN HEALTH PROMOTION TO COMBAT HIV AMONG INJECTION DRUG USERS: PROJECT DESCRIPTION AND PRELIMINARY RESULTS**

In Eastern Connecticut we are currently implementing a "peer-driven" intervention (PDI) for promoting harm/risk reduction among injection drug users (IDUs).

The PDI provides out-of-treatment IDUs with incentives to recruit their peers into a standardized, multicultural interview-test-education session, and to distribute harm reduction materials and information among their peers.

The intervention is being compared to a traditional outreach effort which relies on a paid staff to perform these same tasks.

Drawing on both qualitative and quantitative data sources, this study compares the two interventions with respect to several key measures: harm/risk reduction rates and follow-up over time among program participants, and

the proportion of IDUs recruited in both areas.

This presentation will discuss the implementation of the interventions in both sites, and preliminary results re: IDU's recruitment success and participation in the intervention.

# H



## HAIGH, Kevin

Harm Reduction Team, Scotland

### FREE CONDOMS - HOW TO SELL SAFER SEX

Through the course of its work co-ordinating condom availability and needle exchanges, the Harm Reduction Team sought to change the image of condoms as a negative or safe but boring choice.

With Edinburgh being the "Aids Capital of Europe" and the homosexual and heterosexual HIV prevalence rising, the team attempted to duplicate the moderate success achieved with injecting drug users. Had IDU's changed behaviour? What influences had been brought to bear?

Edinburgh has engaged in the most expensive and extensive safer sex campaign in Britain. The "Take Care" campaign flooded the City through a multi-media approach with risk reduction messages.

Running alongside the campaign has been the Harm Reduction Team's condom availability scheme which has sought to increase the acceptability, the availability, accessibility and attractiveness of condom usage through erotic safer sex messages. This has included free condoms in sweetie jars in all the Gay Clubs, and the operation of the 'C-Card Scheme'. This sought to provide free condoms to lower socio-economic groups through a variety of unusual outlets e.g. bookshops, colleges, welfare agencies.

The Scheme spent £120,000 on condoms last year and has just completed an evaluation.

- How was it received?
- What have been the obstacles?
- How do you evaluate success in such a scheme?
- Can you influence attitudes and behaviours?

This paper will seek to explain how the scheme was set up and operated, what it achieved and how such work can be monitored and evaluated.

**HAMMOND, Jean Paul; CAREY, Corinne; ELSE, Bob; FORD, Mark; DRISCOLL, Earl; LAX, Lois; and PETTY, Laverne**

Prevention Point Philadelphia, USA

### EXCHANGERS, VOLUNTEERS, STAFF AND NEIGHBORHOODS; HOW A SYRINGE EXCHANGE BASED HARM REDUCTION PROGRAM DEALS WITH "TOO MANY THINGS" AND THRIVES!

Prevention Point Philadelphia (PPP) is a syringe exchange-based harm reduction program that is now in its third year of existence. Three of the main components of the program are the exchangers that use it, the volunteers and staff who run it, and the diverse neighborhoods in which it operates. How well PPP understands, utilizes and structures the complex relationship of these three things is central to the effectiveness of the program.

Now that PPP has established itself as a membership-guided program it continues to be challenged by its own inclusive community-based harm reduction goals. On-going difficulties include: organizing exchangers, dealing with community opposition, developing a volunteer pool and expansion. The search for creative solutions to these difficulties illuminates the relationship of exchangers, volunteers, staff and neighborhoods, all of which must be understood if we are to have an expanding, effective and workable concept of community-based harm reduction.

## HANKINS, Catherine

Centre for AIDS Studies, Montréal General Hospital, Canada

### AIDS, DRUG USE, PRISONS, AND WOMEN: UNDERSTANDING THE CONNECTION AND "THE VIEW FROM BELOW".

The link between AIDS, drug use, prisons, and women is exemplified by the word "vulnerability". Gender-specific factors may make women vulnerable to drug use and incarceration. They may also reduce their capacity to protect themselves from HIV through injection drug use practices or through sexual behaviours associated with drug and alcohol use. Many women take refuge in chemical comforts to escape from guilt, confusion, and depression generated by role conflict and stress. Alcohol can reduce the capacity of women to assess risky situations and to negotiate partner condom use. Crack cocaine has been associated with high risk behaviours and is known to increase the risk of acquiring HIV and other sexually transmitted diseases, with women at greater risk than men be-



cause of the number of high risk behaviours they report. Injection drug use practices may expose women to HIV, hepatitis B and C, and other blood-borne infections. In addition to potentially posing health hazards, exchanging sexual services for money or drugs increases the likelihood of incarceration in many cultures. The assumption that women are no different from their male counterparts is unsupported. Nonetheless, women injection drug users are not a homogeneous group with respect to age, ethnic origin, social class, or sexual orientation. The "view from below" is the perspective of the woman IDU, whether as a perspective grounded in the practical lived experience of women injection drug users in their homes and communities or in treatment centres and prisons. Theories, assumptions, and notions about women injection drug users must be analyzed in terms of the real experience of women. While highlighting the vulnerability of women injection drug users to HIV, it is important to favour strategies that build on women's strengths, that address HIV/AIDS in the context of other health concerns, and that are skill and capacity-building.

**HANKINS, Catherine; GENDRON, Sylvie; and ROUAH, F. (presented by S. Gendron)**

Centre for AIDS Studies, Montréal General Hospital; Montréal-Centre Regional Public Health Team; Canada

**THE ROLE OF SPECIALISED CENTRES FOR HIV PREVENTION AMONG INJECTION DRUG USERS**

CACTUS-Montréal (Centre d'Action Communautaire auprès des Toxicomanes Utilisateurs de Seringues), which opened on July 8, 1989, and Point de Repère in Québec City, which opened in March 1991, offer specialised services consisting of needle exchange, anonymous anti-HIV testing, education, referrals and outreach to injection drug users (IDU). Both programmes were initially funded for a two year pilot period on an equal cost-sharing basis by the provincial and federal governments. Evaluations of these two programmes have been undertaken by research teams external to the service providers. Research funds have been allocated via both provincial and federal bodies, the latter including the National Health Research and Development Programme (NHRDP) and the Laboratory Centre for Disease Control (LCDC) of Health Canada. Data collected from these sites can serve two major purposes: 1) to provide information on clientele profile so that site in-

terventions can be tailored to meet specific needs; and 2) to monitor HIV prevalence and incidence. Such findings are currently available for CACTUS for a four year period: approximately 1,200 visits are registered weekly, the needle exchange ration is stable at 74%. Each week, during a 3 hour randomly chosen period, clients are asked to self-administer an 8 question form and to provide a dried blood spot or saliva specimen for unlinked anti-HIV tests. Analyses from these data point to an increasing trend in HIV prevalence amongst IDU from 11.1% in 1990, to 14.8% in 1991, and 16.7% in 1992, with an overall incidence of 12.9/100 person-years. Seroconversion is clearly associated with continued needle borrowing ( $p=0.02$ ) and needle lending ( $p=0.01$ ) among IDU. The data also indicate that approximately 25% of CACTUS clientele do not inject drugs. The extent to which the clientele of specialized centres represents the general IDU population remains to be clarified. Such sites may attract a higher risk population.

**HARRISON, Lana**

National Institute on Drug Abuse, USA

**TRENDS AND PATTERNS OF ILLICIT DRUG USE IN THE UNITED STATES: IMPLICATIONS FOR POLICY**

The two national epidemiological drug surveys in the U.S., conducted since the early to mid - 1970s, show that overall rates of illicit drug use peaked in the late 1970s. The trend was largely driven by marijuana use which peaked in the late 1970s, but so did the use of most drugs. Cocaine was an exception, but cocaine reached its peak in the early to mid - 1980s. The surveys also show considerable variation in individual drug use patterns, but with the exception of tobacco, and to some extent, alcohol, most drug users are not compulsive or regular users. The findings from these surveys must be integrated with 'indicator' data such as a study of drug-related hospital emergency room visits which shows fairly consistent increases in these events in recent years. Arrest and sentencing trends for drug offenses also show fairly consistent increases, however surveys of incarcerated show similar trends as in the general population, with the exception of cocaine. This paper attempts to interpret the disparate findings of these surveys and studies, and suggest how they have helped to shape drug policy in the U.S. The major conclusion is that policy makers do not place much emphasis on the findings from survey research in formulating drug policy.



**HENDER, Julia; and BELL, Anne**

The Link Project, UK

**OUTREACH WORKER'S ASSOCIATION — poster**

In September, 1992 the first UK National Outreach Conference was held in Stirling, Scotland.

120 Outreach Workers attended from throughout the UK and certain common concerns were identified. A working party was set up to develop an Outreach Workers' Association to look at these issues. The issues include, amongst others:

- 1) Code of ethics
- 2) Good practice
- 3) Safety issues
- 4) Confidentiality
- 5) Professionalism
- 6) Working with special groups, ie. under 16s

The working party has met on 5 occasions since the first conference and another conference is in the process of being organized for September, 1994.

**WATT, Robert; HENDER, Julia; and FLEMING, Phillip  
(presented by J. Hender)**

The Link Project, UK

**CHANGE IN THE 1990'S WITH THE ADVENT OF COMMUNITY CARE,  
NHS REFORMS AND CRIMINAL JUSTICE ACT**

This paper is concerned with recent developments in social policy and their impact on substance misuse services. Hampshire has a population of some 1.5 million, distributed in a range from densely populated urban areas, to widely scattered rural communities. Hampshire is served by a wide range of residential and community based drug and alcohol services provided by the public/voluntary/private sectors. The range of problems encountered are typical of any large English county.

Changes in social policy and legislation have raised some fundamental issues on both the basis of service provision and funding. From the statutory sector's viewpoint this has led to the necessity to develop a needs, not funding, led approach to service provision, and the development of meaningful strategies on this basis.

Both purchasers and providers of services need to consider the future, for example:

- balance of services
- corporate approach to planning

- needs of those who "fall through the net"
- a generic response
- quality of service

We will consider the implications for service users, providers and commissioners, and where future developments might lead.

**HENDERSON, Sheila; and HEPBURN, Mary**

Henderson Associates; Glasgow Royal Maternity Hospital; UK

**GENDER AND DRUG USE**

The question of gender and its role in drug use has historically met with a range of responses. Originally considered irrelevant, it has received increased attention in recent decades. Almost without exception, this work has focussed on the role of femininity in illicit drug use, for two main reasons. Firstly, because the male and female experience were previously assumed to be the same and the female experience was therefore extrapolated from the male. Secondly, because women were unhappy with this situation and attempted to change it by switching the focus onto female illicit drug use. Much ensuing work on illicit drug use focuses on opiate use and presents female drug users as passive victims - often of social circumstances and/or male power - to a largely female audience. The question of gender and its role in drug use thus remains largely a 'special case' female complaint.

This jointly presented paper draws from two very different areas of work to present a different view of the role of gender in illicit drug use. One draws from the day-to-day working practice of a senior obstetrician in the context of an innovative service in Glasgow and focuses on socially deprived poly-drug users. The other draws from a research and development project conducted in Manchester and focusses on young recreational drug users. These two very different accounts of illicit drug use are compared and contrasted with the aim of promoting constructive debate about the role of gender in drug use and hence enhancing harm reduction initiatives.

**HERMANN, Werner**

JES Network, Germany

**THE GAP BETWEEN PUBLIC COMMITMENT AND FACTUAL SUPPORT OF SELF-EMPOWERMENT/SELF-ORGANIZATION OF DRUG USERS IN GERMANY.**

Drug policy in writing and in official statements contains a commitment of support for efforts of drug users to organize themselves - even the national edition of the WAR ON DRUGS maintains this supportive formula. All regional and municipal drug policy reform plans express similar supportive intentions, and the authors and collective authors of progressive, non-prohibitive drug reform models never forget to mention the key-role of 'self help', and self empowerment.

The paper provides a number of examples of the distance between verbal commitment and real support or a serious recognition of competence. There are examples of governmental lip service to empowering drug user organizations, and then no appearance of drug user organizations in publications and budgets. Further, municipal drug services/AIDS services' planning is accomplished largely without involving or training of drug user organizations, that is, without peer education. The non-prohibitive, accepting faction shows hardly more than superficial interest in the developing of the JES-Network and the European Interest Group of Drug Users, and the media fails to recognize and value the evolving of competent and self-conscious individuals and groups within the stigmatized and marginalized drug using population.

A change of attitude, a closing of the gap between public commitment and real assistance of JES/EIGDU, would not only remove an element of hypocrisy from the drug reform discussion but would mean a major achievement in the direction of harm reduction.

**ENGELMAJER, Lucien J.; PUCHOT, P.; HOUNGUES, T. Julian; and HERNÉ, Philippe (presented by P. HERNÉ)**

Le Patriarche, Inc., Canada

**MEDICAL AND HUMAN ACTIVITY REPORT OF TWO ALTERNATIVE CARE FACILITIES FOR DRUG ADDICT AIDS PATIENTS IN FRANCE (presentation and poster)**

BACKGROUND: The Patriarch (Association Le Patriarche) is a non-governmental organization exclusively composed of

former drug addicts. Founded in 1972 by Lucien J. Engelmajer, this organization has an annual turnover of 10,000 addicts, of whom 4,000 are seropositive (40% prevalence) throughout 250 centres.

An increasing number of AIDS patients has led to the creation of alternative treatment facilities integrating conviviality with medical technicality. 10 such facilities function today, 6 of which are in France (304 and 116 places respectively). Two of these shall be discussed here, and we shall illustrate that the concept is related to the harm reduction perspective.

The health space is accessible to street drug addicts, seropositive or AIDS-positive people who have often exhausted all health and other professional resources. These people feel misunderstood, ignored and even rejected, and no longer have the will to make an effort to help themselves. On the human level, even if these people are perceived as fighting a never-ending battle, we believe in forming with them a chain of solidarity which ignites a consciousness of the importance of quality of life, and the importance of investing themselves in useful activities adapted to their condition. Consequently, 'psychological antibodies' are developed which considerably increase their life expectancy while allowing medical research to continue its course. In this fashion we contribute towards the reduction of the propagation of AIDS and other infectious diseases and transform this so-called burden on society into a dynamic force to fight against drug abuse and AIDS.

The developments in Montreal will be discussed, and we shall create links between the street and the health space in order to allow homeless drug addicts (seropositive or seronegative) access to shelter, meals, affection, orientation towards other appropriated resources and pertinent treatment if desired.

CONCLUDING, the presentation will address functioning modalities, results obtained, perspectives, the necessary evolution of concepts, complementarity with present network, helped/helper solidarity, adaptability to new realities, and this approach's contribution to harm reduction.

**HETTIARATCHY, S.; and BAINES, W.**

London NHS Trust, UK

**SUBSTANCE MISUSE IN YOUNG ADULTS**

Over 3000 young adults aged between 16 and 20 attending colleges in the South of England were surveyed to assess their knowledge and use of illegal substances. This is



the first survey in the UK conducted on this age group. Initial findings (data currently being analyzed) indicate that there is a change in the trend of drug use in this age group. Patterns of usage indicate that this is a high risk group for continued usage of illegal drugs, both recreationally and habitually.

The findings presented will be of relevance to educational, prevention and harm minimisation programs aimed at this age group, as this is a group that the statutory agencies do not seem to be reaching.

**HIGHCREST, Alexandra; and MAKI, Karen**

Ontario AIDS Network; Injection Drug Use Task Force, Canada

**NOT FIT FOR MY SERVICE**

**ISSUE:** Barriers to drug users participating in the planning and management of HIV/AIDS prevention and treatment programs.

**DESCRIPTION OF PROJECT:** In 1991, the Ontario AIDS Network (OAN) formed a task force to develop policy on HIV prevention and injection drug use. Our paper examines this process. We use documents produced by the OAN and the task force, minutes of meetings, workshop recommendations, and experiences as task force members to support our conclusions.

**LESSONS LEARNED:** The current criminalization of drugs is a barrier to IDU involvement in health programs, as there is fear and discomfort around this issue. The fearful policy makers use process and bureaucratic language to avoid discussing this issue. In addition, outside influences affect decisions made by service providers, and these influences often outweigh the interests of the consumer population. Current IDUs must be present if serious discussions of the decriminalization of drugs are to occur.

**HINDIN, Rita; BUCHANAN, D; and ROBINSON, F.**

University of Massachusetts;; Springfield Community Partnership & Prevention Alliance, USA

**DATA FOR EMPOWERMENT! SMALL AREA ANALYSIS AS A TOOL FOR COMMUNITY-BASED HARM-REDUCTION EFFORTS**

The report will describe the development and refinement of Small Area Analysis (SAA) techniques for strategic planning efforts in public health. An array of social and health indicators for a mid-size (150,000+) metropolitan city have been collected as part of the evaluation of a CSAP-funded alcohol and other drug prevention grant. These data include information from the census, police, hospitals, and public health, schools, and social service agency sources which have been extracted and overlaid down to the neighbourhood level. The process of gaining access to these diverse data will be described and typical problems deriving from the misinterpretations of SAA data enumerated. The use of SAA as an organizing tool for galvanizing community responses and tracking the results of planned local interventions will be described. The breakdown of narcotics violations by neighbourhood has proven to be of particular interest to community residents in documenting the effectiveness of local crime watch efforts.

**HINDIN, Rita**

University of Massachusetts

**HAIR ANALYSIS AND HARM REDUCTION: CONVERGENCE AND DIVERGENCE**

This workshop will enable presenters and session attendees to discuss the ethical, legal, and social underpinnings and implications of use of the radically informative technology, hair analysis. Rita Hindin, a member of the Epidemiology Department at the University of Massachusetts School of Public Health at Amherst where her research on substance abuse treatment has included hair analysis, will chair the session. Workshop presenters include: David Buchanan, faculty member of the Community Health Education Department at the University of Massachusetts and Vice Chair of the Council on Illicit Drugs for the National Association on Public Health Policy; Paul Marques, a psychobiologist with postdoctoral training in physiology and pharmacology, currently a senior scientist at the National Public Services Research Institute, Landover, Maryland, where he has incorporated hair analysis for cocaine in a



maternal-infant perinatal treatment outcome project; Faye Simmons, a former IV drug user and alcoholic, in recovery for some years and currently working as a substance abuse clinician in both short-and-long-term treatment facilities; Robert Stephenson, coordinator of several hair analysis projects for the U.S. Public Health Service, who also participates in the oversight of the Federal Drug-Free Workplace and the National Laboratory Certification Program of the Substance Abuse and Mental Health and Human Services; and Eugene Oscapeella, legal ethicist who will discuss hair analysis as an infringement on privacy rights, and the legal role of hair analysis. Individual abstracts have been provided by the speakers, in most cases.

### **HOPKINS, Shaun M.**

City of Toronto, Department of Public Health, Canada

#### **NEEDLE EXCHANGE IN TORONTO: EXPERIENCES AND CHALLENGES**

This workshop will entail an oral presentation of the model used for needle exchange in Toronto. A history of program development, including experience with fixed site, mobile service and street outreach will be detailed. Statistics showing the use of the program by age, sex, venue, etc. will be provided. The workshop will focus on the unique delivery of needle exchange in Toronto, including how to deliver an appropriate program by a Department of Public Health instead of a community agency, and how community agencies have been involved in service delivery. A discussion of the process used to obtain and maintain political and police support will be included. Site tours may also be arranged.

### **HOTALING, Norma**

Prostitute Education and Counselling, USA

#### **PROSTITUTION: ISSUES OF VIOLENCE AND BATTERING, ADDRESSING THESE ISSUES IN HIV EDUCATION**

Community-based organizations, drug treatment programs, hospitals, social services, and criminal justice systems historically have not understood or addressed issues of sexual and physical violence, and the associated trauma in the lives of women, men, and transgenders who work in prostitution. Studies are beginning to associate violence and trauma with an individual's entry into prostitu-

tion, drug use, high HIV risk behaviour and HIV infection. By ignoring the effects of violence and trauma, programs and institutions often re-traumatize and/or intervene in superficial and inappropriate ways.

In addition, social, political, and economic structures keep prostitutes at the core of violence perpetrated by the customers, pimps, media, treatment programs, police, criminal justice systems, etc.

An inclusive approach involving support, peer education, mentorship, economic and educational opportunities, and political advocacy needs to be developed in order to assist individuals exiting lives of violence, exploitation, and high HIV risk behaviour.

### **HUNTER, Gillian; DONOGHOE, Martin; RHODES, Tim; and STIMSON, Gerry**

Centre for Research on Drugs and Health Behaviour, University of London, UK

#### **TRENDS IN SYRINGE SHARING AMONG LONDON IDUs BETWEEN 1990 AND 1992: A CAUSE FOR CONCERN?**

**OBJECTIVE:** To examine trends in syringe sharing among London injecting drug users (IDUs) over a three year period, 1990 - 1992.

**METHODOLOGY:** Three surveys of drug injectors were conducted in London in 1990 (N=534), 1991 (N=516) and 1992 (N=505) using a structured questionnaire, and common sampling and study methodologies. IDUs were recruited at multiple sites and in and out of treatment to limit possible bias from single site and treatment only samples. Rates of syringe sharing and other risk behaviours in the six months prior to interview measured.

**RESULTS:** Injectors reduced syringe sharing and related risks of infection and transmission of HIV and other viruses between 1990 and 1991 [47.2% (252/534) to 34.3% (177/516)  $\chi^2 = 16.91$  d.f. = 1  $p < .0001$ ]. These reductions were not sustained in 1992 where there was a trend towards increased sharing [38.4% (189/491) NS].

**IMPLICATIONS:** These data point to the need for continued surveillance and a better understanding of risk behaviours. Interventions which seek to reduce risk should be subject to continued assessment and, where necessary, adapted to respond to obstacles to behaviour change. Research and intervention should address circumstances and situations in which drug injectors continue to share.

J

**JACYK, W.R.; LINDBLOM, Lois E.; and KOSTYK, Debra**  
Elders Health Program, Canada

#### **THE ELDERS HEALTH PROGRAM (EHP)**

The Elders Health Program (EHP) was designed to assist caregivers to become more effective in their involvement with chemically dependent seniors and to create and refine community based, age-specific chemical dependency treatment and prevention programs, and assist in integrating these programs into communities throughout Manitoba. The process of community mobilization was applied to a variety of communities such as seniors' apartment complexes, rural communities, urban geographic neighbourhoods and personal care homes. Community mobilization often leads to the development of peer helpers who share the responsibility of providing continuing care of the elders in treatment. The method of evaluating this approach involved an outside evaluator who conducted in person interviews with individuals from a variety of communities that utilized the Elders Health Program. Satisfaction surveys training questionnaires, case studies and pre- and post-training tests were administered. The results showed that the Elders Health Program was effective in guiding communities to become more effective with chemically dependent seniors.

Some changes are recommended to improve the Elders Health Program's ability to help caregivers in communities. The Elders Health Program's method of mobilizing communities as a means to address the needs of chemically dependent seniors can be a vehicle for moving towards change in policies, early identification of chemical dependency among seniors and establishment of partnerships among helpers.

**JOBBER, Hugh**

West Midlands Regional Health Authority, UK.

#### **HIGH RISK GROUPS; PROMOTING HARM REDUCTION AMONGST ANABOLIC STEROID USING BODY BUILDERS IN KIDDERMINSTER, UNITED KINGDOM — poster**

Since July 1992, the West Midlands RHA, in conjunction with the Aquarius Drug Advice Centre in Kidderminster,

has been conducting an Action Research Project into the prevalence and harm minimisation needs of anabolic steroid (AS) using body-builders in this small English town.

The abstract will show that AS use is a significant problem in Kidderminster, both in terms of the potential spread of HIV and other blood borne infections, and possible long term damage to the general health of ASUs. Results and interventions will be described in the poster. This project is especially topical at a time when rumours grow that the UK Government is likely to classify AS possession and use under a Schedule of the Misuse of Drugs Act, thereby criminalising another large group of drug users.

**JOHNSTON, Lloyd**

University of Michigan, USA

#### **DRUG USE AND HARM — WHAT ARE THE RELATIONSHIPS?**

A harm reduction perspective implies a need for direct measurements of harm. The relation between use patterns and harm becomes a matter for investigation rather than assumption. The presentations in this session explore the relation in terms of self-reported harm, both cross-sectionally in a U.S. national samples of adults and over time among U.S. high school seniors; and in terms of mortality among intravenous drug injectors in an international study. Speakers in this session include: Joseph Gfoerer, Lloyd Johnston, Carlo Perucci, and Ethan Nadelmann (commentator).

**JONES, Chris**

New South Wales Users and AIDS Association, Inc. (NUAA), Australia

#### **MAKING A USERS' OWN VOICE**

NUAA News, a community-based magazine for injecting drug users (published by the Australian users' group, NSW Users and AIDS Association, inc. (NUAA) and funded by the New South Wales Department of Health) makes use of communication strategies designed to act as a community development process. The intention is to prevent the transmission of HIV and other transmissible illnesses among injecting drug users, as well as providing support for users directly affected by or infected with HIV. This magazine-style publication, using the cultural language of drug users, also aims to empower users toward this end.



The approach which informs editing and writing for NUA News is one which creates a minority voice, which bears a certain relation to majority positions. This paper will discuss the procedures and problems which allow such a strategy to succeed, especially when the editor functions as an organic intellectual identified as a gay injecting drug user or junkie.

### **JONES, T. Stephen**

Centers for Disease Control and Prevention (CDC), USA

#### **THE ROLE OF BLEACH DISINFECTION OF INJECTION EQUIPMENT**

For many years, bleach disinfection of injecting equipment (particularly needles and syringes) has been recommended as an human immunodeficiency virus (HIV) prevention measure for injection drug users (IDUs). Bleach disinfection has been recommended to reduce the risk of multi-person use ("sharing") of drug injection equipment. Recent laboratory and epidemiologic studies indicate that there are limitations to the effectiveness of bleach. Sterile needles and syringes are clearly safer than bleach-disinfected, previously used needles and syringes. This presentation will review relevant data and discuss the April 1993 CDC, National Institute on Drug Abuse, and Center for Substance Abuse Treatment provisional recommendations on bleach disinfection of needles and syringes.

### **GROSECLOSE, S.L.; VALLEROY, L.A.; WEINSTEIN, B.; and JONES, T. S (presented by T.S. Jones)**

Centers for Disease Control and Prevention (CDC);  
Connecticut State Department of Health Services; USA

#### **IMPACT OF 1992 MODIFICATIONS OF PRESCRIPTION LAW AND DRUG PARAPHERNALIA LAW, CONNECTICUT**

In July 1992, changes in the Connecticut prescription and drug paraphernalia laws went into effect. The new laws allowed the purchase of up to 10 needles and syringes without a prescription and removed criminal penalties for the possession of up to 10 needles and syringes. In 1992 and 1993, the Connecticut Department of Health Services and CDC conducted evaluations of pharmacy sales of non-prescription syringes and reported needle use behaviours of injection drug users (IDUs) in Connecticut. Preliminary findings indicate that non-prescription needles sales in pharmacies

increased substantially, IDUs shifted purchases of needles and syringes from the streets to pharmacies and multiperson use ("sharing") of needles and syringes decreased.

### **LURIE, P.; REINGOLD, A.R.; BOWSER, B.; CHEN, D.; GUYDISH, J.; KAHN, J. G.; LANE, S.D.; SORESENSEN, J.; FOLEY, J.; and JONES, T.S. (presented by T.S. Jones)**

The University of California, San Francisco; California State University, Hayward; Centers for Disease Control and Prevention (CDC), USA.

#### **THE PUBLIC HEALTH IMPACT ON NEEDLE EXCHANGE PROGRAMS IN THE UNITED STATES AND ABROAD**

In 1992 and 1993, a University of California (UC) team carried out the most comprehensive study yet of needle exchange programs (NEPs) in North America and abroad. The UC study reviewed nearly 2,000 "data sources" and carried out site visits to 15 cities with NEPs (10 in US, 3 in Canada, 2 in Europe).

This presentation will include descriptions of 33 NEPs in the United States and 5 NEPs in Canada; the findings of investigations of 14 primary research questions addressed by the UC report; and the recommendations of the UC report.

The UC report included recommendations that: the U.S. Federal ban on funding needle exchange services be lifted; states with prescription laws for needles should repeal them; and states should repeal paraphernalia laws as they apply to syringes.

### **de JONG, Wouter M.**

National Committee on AIDS Control, Netherlands

#### **AIDS POLICY IN PRISONS IN THE NETHERLANDS: POSSIBILITIES AND OBSTACLES FOR HARM REDUCTION**

INTRODUCTION: In the function of both staff member of the NCAB and member of the national working committee on AIDS education in prisons (installed by the Ministry of Justice in 1991) the author is actively involved in developing and coordinating AIDS policies in the Dutch prison system. Recently the author has started the preparations for an advisory report on aids policy in Dutch prisons.

METHOD: Meetings were held with prisoners, medical and other staff in prisons, representatives of interest organizations, researchers and experienced educators. Further,



a selected number of prisons have been visited and relevant national and international literature has been studied.

**RESULTS AND IMPLICATIONS:** Besides presenting the main conclusions and recommendations of the advisory report on AIDS policy in prisons, the author will reflect on the possibilities and obstacles for harm reduction and AIDS policies he has experienced in this area.

### **JUDD, Barbara**

The Second Wind, USA

#### **IBOGAINE AS A HARM REDUCTION METHOD**

A three-month comparative study was undertaken with two groups at the genesis of their recovery. One group underwent traditional treatment, the other was pre-treated with the experimental drug, ibogaine.

Three factors were evaluated:

- 1) motivation for recovery
- 2) self-awareness
- 3) urges to use drugs

The comparison was striking. The ibogaine-treated group demonstrated a higher motivation and enhanced self-awareness in a significantly shorter period of time. At the onset of the study, the control group had persistent urges to use drugs, while the ibogaine-treated group did not exhibit similar urges until much later.

For the psychotherapist, chemically dependent clients are among the most difficult to treat.

Ibogaine shows promise as an alternative intervention for patients whose chemical dependency has been resistant to traditional treatment.

### **JÜRGENS, Ralf; and GILMORE, Norbert**

McGill Centre for Medicine, Ethics and the Law

#### **REDUCING THE HARMS FROM HIV/AIDS AND DRUG USE IN CANADIAN FEDERAL PENITENTIARIES**

The Solicitor General of Canada created an Expert Committee on AIDS and Prisons (ECAP) in June of 1992. ECAP has consulted on, reviewed and analyzed issues raised by HIV infection, AIDS and drug use in federal correctional institutions; visited many of these institutions; analyzed national and international policies, reports and documentation; solicited submissions from inmates, prison staff, and

groups or individuals with an interest in HIV/AIDS, drug use and prisons; circulated a Working Paper containing the conclusions of its deliberations; and prepared a comprehensive report on HIV/AIDS in prisons.

ECAP recommends that a variety of measures be undertaken to reduce the harms from HIV/AIDS and from drug use in prisons. These include: making full-strength household bleach available to inmates, implementing methadone maintenance programs, and carrying out research that will identify ways and develop measures, including access to sterile injection equipment, that will reduce the harms from injection drug use.

Measures necessary to reduce the harms from HIV/AIDS and from drug use in prisons need to be taken immediately. They will benefit prisoners, staff and the public.

### **JÜRGENS, Ralf; and RILEY, Diane**

McGill Centre for Medicine, Ethics and the Law; Canadian Centre on Substance Abuse

#### **REDUCING THE HARMS FROM HIV/AIDS AND DRUG USE IN CORRECTIONAL FACILITIES — WORKSHOP**

Much remains to be done in prisons to reduce the harms from drug use and from HIV/AIDS. Even communities that have adopted wide-ranging harm reduction policies have not extended these policies to prisons. In order to be truly effective, however, attempts to reduce the harms from drug use are doomed to failure if they are not extended to the prison system. Harm reduction cannot stop at the prison gate. Many drug users go in and out of prison. While it will be important to work towards a long-term goal of developing alternatives to imprisonment, or a system of drug control in which the use of drugs would not be criminalized, harm-reduction efforts that have proven successful outside prisons should be extended to the prison system. Harm reduction should be a continuum, starting before prison, and continuing in prison and after people leave prison as well.

Presenters in this workshop will identify ways to reduce the harms from drug use in prisons and propose strategies to ensure their implementation.

# K



## **KALANT, Harold**

Addiction Research Foundation, Canada

### **DRUG DIFFERENTIATION - RATIONAL VS. FEASIBLE**

Ideally one would wish to apply to different drugs different levels of control appropriate to the respective levels of risk that they pose to society. For such differentiation to be strictly rational, the following information base would be required:

- the intrinsic pharmacological properties of each drug, including both rewarding and punishing effects, over a wide range of dosage and modes of use.
- availability and price through both licit and illicit channels
- strength of current fads and fashions of drug use, and their levels of acceptance by the general population
- actual extent of use, and distribution of consumption patterns for each drug
- agreed definitions of all possible harms, and quantitative scales for rating them.

Of these, only the first can be regarded as a constant, and it is still far from complete. All the others are variable, some becoming available slowly, and others more rapidly. A totally rational basis of differentiation of drugs by harm potential is therefore unattainable. Only a very rough separation by levels of risk is feasible, and the basis for it, though potentially rational, is unlikely to be truly so in practice.

## **KASTELIC, Andrej**

Centre for Mental Health, Slovenia

### **HARM REDUCTION STRATEGIES IN A NEW COUNTRY**

Slovenia is one of the newest independent countries in Central Europe, where consumption of alcohol and tobacco is relatively high. There have been no complex epidemiological studies on the prevalence of illicit drug use (which is mostly heroin injection) that has become a considerable problem during the last five years.

Because the country is very small, the drug users cannot be anonymous, which makes it easier for them to get help, but also creates stigma. Very badly organized medical care has been re-organized and new comprehensive services are being introduced, directed to client's

needs, and attempting to avoid repeating the mistakes made in Western countries.

Detoxification, in- or out-patient, and maintenance programmes now exist, and harm minimisation is an important goal, not only through direct actions but through education as well. Charitable organizations and civic movements are important, as they are surrogates for rehabilitation services that unfortunately have not been developed yet.

## **KAY, James**

Mersey Drug Training and Information Centre, UK

### **DON'T WAIT TILL IT'S TOO LATE - REDUCING HARM WITH PRE-DRUG USERS**

It will be argued in this paper that the Harm Reduction Movement has a surprising tendency to conservatism when considering prevention. Those who have yet to try drugs and those who are only experimenting need harm reduction. It is no good waiting until experimenters become addicts before attempting harm reduction.

Prevention professionals in the harm reduction movement need to co-ordinate their activities better and push back the boundaries to harm minimisation in their field. The case will be made using examples of successful initiatives in the school, youth and community settings.

## **KENDALL, P. R. W. ; JANZEN, Liz; and FAY, Michael**

City of Toronto, Department of Public Health, Canada

### **COMMUNITY DRUG ABUSE GRANTS PROGRAM**

The City of Toronto established a community drug abuse grants program in 1990 to enable groups and agencies to establish locally based, culturally sensitive prevention programs. The annual priorities of the community grants program are set each fall through a community consultation, which is informed by the data from the report "Drug Use in Metropolitan Toronto" produced by the Metro Toronto Research Committee. A review panel, comprised of two city councillors and four citizens, reviews applications and makes recommendations for funding. Since 1990, over 200 programs have been funded, to a total of \$1.7 million dollars. Programs address community focused drug use problems. This paper will explore the extent to which the



community grants program has reduced drug related harm in the community, concentrating on two case studies: 1) the Ambassador School Program, which has worked with drug-using street youth to provide them with the self esteem and skills necessary to modify their drug using behaviour, and 2) Blake Boulton Youth Outreach, which provides counselling, outreach and job skills training for substance using youth.

#### **KENNEDY, Andrew**

Chicoutimi Community Health Department, Canada

#### **REACHING IDU IN SEMI-URBAN AND RURAL ENVIRONMENTS:**

##### **THE QUÉBEC EXPERIENCE**

The majority of programs targeting high risk behaviour in IDU are found in large metropolitan centres. Although seropositivity among IDU's in these centres is generally higher than in those living elsewhere, IDU's living outside these centres continue to remain at high risk in comparison to the general population. In Québec, between 1990 and 1993, five needle exchange and/or distribution programs have become operational in semi-urban/rural areas, serving a combined population of 1,700,000 (25% of the total population of Québec). One peculiar characteristic of these programs is that they have all been implanted within existing establishments - both private and public. Community Health Clinics, Hospital Emergency Departments, private physician's offices and clinics, pharmacies, and community organizations are among the participants in these programs. These programs have been introduced and run at a relatively low cost, given the absence of the need to create and maintain new structures. The multiplicity of service points in any one region favours increased accessibility and preserves the anonymity of the clients. Furthermore, these programs have created a spirit of cooperation and solidarity among the various individuals and establishments as well as an increased awareness of the issues surrounding HIV and drug use. Among the continuing challenges of these programs is the reticence on the part of certain IDU to approach these establishments. As well, for a variety of reasons, these programs are not always able to offer the range of services associated with programs in large urban centres (e.g., outreach, counselling and support, etc). A more detailed description of selected programs as well as various data will be presented.

**CONCLUSION:** Needle exchange/distribution programs

can be successfully implanted within existing establishments and structures. The experience in Québec so far has been positive and encourages the establishment of similar programs elsewhere.

#### **BIGG, Dan; CLARK, George; and KERSHNAR, Sara, et al. (presented by S. Kershnar)**

National Harm Reduction Working Group, USA

#### **THE NATIONAL HARM REDUCTION WORKING GROUP — poster**

The NHRWG defines harm reduction as a set of strategies and tactics that encourage users to reduce the harm done to themselves and their community by their licit and illicit substance use. It maintains that in allowing users access to the tools with which to become healthier, we recognize the competency of their efforts to protect themselves, their loved ones and their communities. While harm reduction became organized as a public health model through outreach to users, its concepts and practice are used for and applicable to many contemporary public health efforts.

The services of the working group include: the creation of a working document that records the current state of harm reduction theories and strategies, the awarding of grants to harm reduction organizations, the provision, maintenance and creation of educational and informational harm reduction resources and materials, and the maintenance of a vision of comprehensive harm reduction.

#### **KLEIMAN, Mark**

Harvard University, USA

#### **OPTIMAL PRICES FOR DRUGS: THEORY AND POLICY**

Higher prices for any given drug are likely, other things equal, to reduce the quantity of that drug which is purchased and consumed. The same is apt to be true of increased search time, risk of purchase, or other non-money "prices" faced by potential drug consumers. Drug law enforcement and other supply-oriented public policies attempt to raise drug prices. Insofar as the aggregate damage done to users and others is roughly proportional to the quantity consumed, a strategy of increasing prices may succeed in reducing harm.

But higher prices can also increase damage, for example by leading to substitution of more hazardous sub-

stances (e.g., alcohol for marijuana or methamphetamine for MDMA). If a given money price increase causes a less-than-proportional decrease in quantity (i.e., if the price-elasticity of demand has absolute value less than unity), total money spent by drug consumers will increase as price increases, leading to impoverishment and perhaps inducing, or increasing the rate of, income-producing criminal activity by heavy users. Since money spent by consumers is also received by dealers, the harms incident to illicit markets, including violence and the distraction of adolescents from licit careers, will also tend to increase under these circumstances. Increases in non-money costs will not create these market-mediated harm increases.

Since behaviour tends to be more responsive to changes in costs over time than it is immediately, price increases will tend to produce a more favourable balance of harms averted to harms created if examined over the long run. This creates substantial methodological problems in studying the effects of price changes empirically. Hysteresis effects and asymmetries between increases and decreases suggest that variation around any given average price will tend to cause more harms than will stability.

All of this is further complicated by the fact that instruments to influence drug prices and availabilities are of uncertain power; no quantitative model of the relationship between enforcement effort and price has been testably estimated for any drug. Nonetheless, disciplined thinking about optimal drug prices could be a useful check on the process of drug enforcement policymaking.

#### **KLEE, Hilary; and MORRIS, Julie**

The Manchester Metropolitan University, UK

##### **HIV-RELATED RISK BEHAVIOUR AMONG HOMELESS DRUG USERS**

This paper reports data from three drug misuse studies: One of primary opiate users (n=303); the second of primary amphetamine users (n=200); and the third of polydrug users (n=250) in the Northwest of England, comparing the homeless with non-homeless drug users. Homelessness can be seen as a high risk state and is shown to be associated with higher rates of sharing injection equipment, more frequent injecting, more chaotic and criminal lifestyles, greater use of benzodiazepines, severe depression, less stable relationships and more frequent casual sexual partners. These data are compared with preliminary data from a new social study in the UK of young (less than

25 years) homeless drug users, looking at the extent of their exposure to harm through drugs and sexual risk, what coping strategies they develop, their receptivity to interventions from health professionals, and the types of interventions that might be appropriate.

#### **KLINENBERG, Eric; and LEWIS, David C.**

Brown University, USA

##### **A HISTORICAL PERSPECTIVE ON AMERICAN DRUG POLICES**

As the late Norman Zinberg theorized, a person's responses to a substance are determined by three variables: the "drug" used, the "set" of the user, and the "setting" in which the user uses. The US government's commitment of resources to interdiction and law enforcement programs signals a policy focus on "drugs." American policy programs, however, have emphasized "setting" and "set" at other historical moments. This presentation maps the ways in which past American drug policies have addressed these three variables, and then, through an historical analysis, measures the success of various strategies in achieving what we propose to be the goals of drug policy: safety, health and caring.

#### **KOFFI-BLANCHARD, Madeleine; GERVASONI J.P.; CATTANEO, M.; DUBOIS-ARBER, F.; KONINGS, E. (presented by E. Konings)**

University Institute for Social and Preventative Medicine, Switzerland

##### **MONITORING OF ACTIVITIES AND CLIENTS IN SYRINGE EXCHANGE PROGRAMMES (SEP) FOR IV DRUG USERS IN SWITZERLAND**

To gain information on indirect indicators for epidemiological purposes and assess the contribution of SEP in harm reduction/risk reduction among drug users, a two years national survey is under way in the SEP since January 1993 in the context of a set of new measures enacted by the Swiss Confederation in 1991 aiming at a reduction of drugs related problems.

METHOD: Continuous monitoring of SEP activities (n=20) was supplemented by annual cross-sectional surveys among clients, which collected data on socio-demographic characteristics, patterns of drugs consumption and sexual behaviour, and reported HIV status, with a partly self-ad-



ministered questionnaire (n=1163 in the summer 1993).

**RESULTS:** During the first six months a total of 250,000 contacts and 2,800,000 syringes were provided by the SEP. Preliminary results of the clients' study will be presented at the conference.

**CONCLUSION:** The combination of these two research instruments will generate information on the evolution of the social and health conditions of the most deprived drug users.

**KONINGS, Eike; GERVASONI, J.P.; LEUTHOLD A.;  
NARRING F.; MICHAUD P.A.; and DUBOIS-ARBER, F.**

University Institute for Social and Preventative  
Medicine, Switzerland

**CHARACTERISTICS OF DRUG CONSUMPTION AMONG ADOLESCENTS  
IN SWITZERLAND**

In 1992/1993, as part of a study on adolescent health, information on drug consumption was obtained using self-administered questionnaires, for a representative sample of 9,762 students and apprentices aged 15 to 20 years, in the three linguistic regions of Switzerland.

Lifetime prevalence is about 3% for hard drug use (heroin and/or cocaine) which is comparable to other European countries, and about 30% for cannabis use which is significantly higher, than most European countries.

Analysis of the life-styles and health of adolescents show that young drug users present a wide range of characteristics including difficulties in integrating into society, health problems, and difficulties in relationships, which should make it possible to identify them and offer help. But, even though they may have frequent contact with health services, their drug problems are generally not recognised and there is not specific aid available to them.

**KORN, David Ashley**

The Donwood Institute

**THE DONWOOD INSTITUTE: FROM HOSPITAL TREATMENT TO A CENTRE  
FOR HEALTHFUL LIVING**

In 1967, The Donwood Institute was established as the first public hospital in Canada specializing in the treatment of alcoholism. The Donwood embraced an abstinence-based medical model of treatment and quickly became a distinguished residential treatment centre.

Since 1967, the programming of The Donwood has evolved to encompass less intensive treatment modes, service from a broad range of health and human service professionals and major involvement of volunteers in program delivery. Further, programming expanded to cover prescription drugs and illicit drugs in addition to alcohol.

More recently, The Donwood has undergone a significant transformation, moving to a public health approach, providing a continuum of services including health promotion and early intervention, treatment for special needs groups and a wide variety of outreach activities. New initiatives in the area of harm reduction have been designed in partnership with the YMCA of Greater Toronto, the Metropolitan Toronto Housing Authority and other healthcare providers.

The Donwood Institute has developed a Wellbeing Model and Philosophy of Recovery which integrate behavioural counselling, skill-based learning and medical support. The unifying theme is healthy lifestyle choices with the objective of reintegrating people into their communities.

This presentation will describe the organizational transformation of The Donwood from an institutionally based residential treatment program to a community based Centre for Healthful Living.

**KOZLOWSKI, Lynn**

Pennsylvania State University, USA

**LOW-YIELD AND LIGHT CIGARETTES: BEHAVIORAL AND POLICY ISSUES**

Despite the success of the anti-smoking movement in promoting smoking cessation and smoking prevention, it is clear that substantial numbers of smokers will be found for the next decades. The research and policy climate in North America has made it difficult to study techniques that could reduce the risk of the product to continuing cigarette smokers. The so-called "tar derby" has been shown to be largely a boondoggle that misleads consumers and promotes continued smoking, rather than actually reducing risk. Current consumers of low-yield and light cigarettes need to be informed of the risks of using these products. The impressions created by advertising and marketing "safer" cigarettes need to be met with systematic counter-advertising. Differential taxation as a function of nicotine/tar ratios (favoring more nicotine per unit of tar) and as a function of tar yields should also be considered as a way to shift the cigarette market to brands that might have relative public health advantages over the current cigarette market.

**KUHLMANN, TH.; SAWALIES, D.; and HASSE, H.E.**

Psychosomatische Klinik Bergisch Gladbach, Germany

**HARM REDUCTION NEEDS QUALIFIED CLINICAL ACUTE TREATMENT**

Socially deprived, psychiatrically unstable and chronically intoxicated drug addicts are hardly reached by normal clinical treatment, which is based on the paradigm of abstinence and lacks drug specific therapeutic concepts. In order to treat these subgroups of drug addicts, qualified clinical acute treatment is necessary.

This approach comprises a methadone-assisted therapy as a standard program, and the acceptance of irregular social behaviour. A critical discussion of the drug addicts' way of living and drug consumption patterns is required, but without a moralizing attitude. Corresponding experiences in the state of North Rhine Westphalia (Germany) are described.

Integrated in a regional network of drug aid and embedded in a low-level multi-professional concept, this programme is directed at all subgroups of drug addicts, especially those not yet able or willing to accept any institutional help.

**KUTSENOK, Igor**

Psychiatry of Addictions Clinic, Bulgaria

**MEDICAL VS. PSYCHOSOCIAL APPROACHES TO INPATIENT TREATMENT OF DRUG USERS**

The author shares his experience in the inpatient treatment of drug users. He understands the phenomenon of abuse as a disorder on many different levels - biological, psychological and communicational. The apparent contradiction between the two approaches, medical and psychosocial, is considered. The aim of the medical approach is to correct the biological problems, whereas the psychosocial approach attempts to keep the whole life as the context, outside of the hospital.

The conclusion is that both of the approaches have to be successful and each approach has a special role at different stages of the treatment process.

**L**


**LAUZON, René; and NARBONNE-FORTIN, Claire**

Addiction Research Foundation, Canada

**MUNICIPAL ALCOHOL POLICY: REDUCING ALCOHOL-RELATED HARM IN ONTARIO COMMUNITIES.**

Alcohol is used in community celebrations and fund-raising activities through Special Occasion Permits granted by the province's liquor monopoly. In Ontario, more than 156,000 Special Permits are issued each year, and the relative ease in obtaining Special Occasion Permits encourages increased alcohol consumption. With alcohol consumption comes the increased risk of alcohol-related problems.

This presentation will address how Municipalities and Native Band Councils are developing alcohol management policies to reduce alcohol-related problems. In addition, we will describe the policy formulation process, present a sample policy and report on the number of communities engaging in municipal alcohol policy development in Ontario. This presentation will also describe the relationship between education, training and regulations in bringing about a change in community drinking practices, as well as addressing the issue of evaluation.

**LAZAROV, Philip**

Psychiatry of Addictions Clinic, Bulgaria

**HARM REDUCTION IN A NEWLY OPEN SOCIETY**

The Bulgarian drug history is an example that the working definition of the term "harm" depends closely on the comprehension of the categories of drug use, abuse and addiction accepted officially by the society. The narrow official views on social problems in Bulgaria before changes in 1989 restricted professional approaches to drug abuse and harm reduction. The different types of harm reduction activities during the recent development of the society as well as the anti-drug policy supports this statement. The Bulgarian experience shows how a restrictive society addresses drug abuse: in the limited frames of sanctions and the medical model of drug problems. The opening of the society will lead to a broadening of the range of psycho social measures which may be used, including harm reduction policy.



**LEIGH, Gillian; and MACINTOSH, Marion**

Cape Breton Hospital; Sydney Family Practice, Canada

**PHYSICIAN INTERVENTION IN HAZARDOUS ALCOHOL CONSUMPTION**

—poster

This study screened 1,420 family practice patients for "hazardous" alcohol consumption, using the CAGE questions and current alcohol use. Agreement to participate was high (97%), and 134 (42%) of the males and 131 (13%) of the females estimated to be "at risk" were invited to return for either 1) 10 minutes of physician advice, 2) physician intervention, or 3) nurse practitioner intervention. A 12-month follow up located 90% of the 83 males and 76 females who participated. A repeated measures MANOVA indicated greater ( $p < .0001$ ) levels of hazardous drinking by males than females, and a significant ( $p < .0001$ ) reduction in hazardous drinking for both males and females (average was a 64% reduction). The absence of difference between the three groups indicated that screening clients and offering brief physician advice may be sufficient for preventing future harm associated with alcohol dependence. Outcome stability will be evaluated by further follow-up over the next five years.

**LEMMENS, Trudo; and GILMORE, Norbert**

McGill Centre for Medicine, Ethics and Law, Canada

**HARM REDUCTION AND DOPING IN SPORTS: THE NEED FOR ASSESSMENT OF VALUES.**

An ethical harm reduction approach towards doping in sports requires assessing the harms and benefits of doping as well as those of doping control. An essential part of this analysis is the study of social and cultural values reflected in sports. Intrusive and invasive means of control have been proposed to prevent doping, such as random, unannounced out-of-competition testing, including blood testing. These measures raise ethical and legal problems in relation to privacy, confidentiality, consent and inviolability of the person and they therefore demand strong justification. Values underlying pro- and anti-doping arguments may not be identified and can conflict. We argue that the underlying value of 'physical purity' in sports - while not overtly expressed - is one of the fundamental reasons for prohibiting doping in sports. This conflicts with the value of unlimited progress and with important economic interests vested in competition sports, which both push athletes to

doping. These contradictions must be articulated and dealt with as an essential part of the justification of intrusive and invasive measures for controlling doping.

**LENAHAN, Pat**

The Drugs and Sport Information Service, UK

**ANABOLIC STEROID USE IN THE UNITED KINGDOM - AN OVERVIEW**

This paper will begin with a personal view of the history of anabolic steroid (AS) use in the United Kingdom. It will trace how drug agencies have developed services in response to the increasing number of AS users and what difficulties they were and in many cases still are experiencing. There will also be a discussion of the growing number of fake and counterfeit steroids that are available on the black market, the future developments of services and the role of the Drugs and Sport Information Service.

**LENTON, Simon; REYNOLDS, Julia; and CHARLTON, Mike**

National Centre for Research into the Prevention of Drug Abuse, Curtin University; Western Australian Alcohol and Drug Authority; Australia

**SHOPPING, BAKING AND USING - THE MANUFACTURE, USE AND PROBLEMS ASSOCIATED WITH HEROIN MADE IN THE HOME FROM CODEINE BASED PHARMACEUTICALS.**

'Homebake' is heroin manufactured illicitly from codeine based pharmaceuticals. At the time of conducting this research, just over a third of persons presenting for methadone treatment in Western Australia (WA) stated they had used homebake recently. As it is sold in liquid form drawn from a common pool in 'pre-packed' syringes, the risk for transmission of HIV and other blood-borne infections is a concern. Homebake also contains residues of the corrosive chemicals used in its back yard manufacture. This paper describes the findings of a questionnaire study of 50 homebake users conducted by staff of the methadone program in WA. The study addressed the reasons why homebake was used, the form used, the characteristics of users, effects, side effects and harms associated with use, and manufacture. Over two thirds of respondents reported they typically purchased their homebake in liquid form. The majority of users believed they could catch HIV or Hepatitis through the homebake solu-

tion itself or the syringes it is sold in. Homebake is an example of where attempts to reduce the harm associated with one drug by strategies to reduce supply may have resulted in users transferring to a more harmful substance.

### **LEVINE, Misha**

McMaster University, Canada

#### **THE STATE AGAINST THE DRINKER: 1985 ALCOHOL REFORM IN THE USSR**

This paper presents an examination of the Soviet "alcohol reform" of 1985. The main issue addressed is the extent to which consumption of alcohol can be regulated by government. Measures against drinking included direct restrictions on alcohol production and sales, and, on the other hand, multiple/chain punishments for the offender. This stands out as an unparalleled anti-alcohol campaign, just next to prohibition, in recent history - attempted by a (moderately) totalitarian state and hardly thinkable in any democratic country, including today's Russia. The estimates of its immediate results are varying. However, there are two areas of vast agreement: a) the attempt failed in the long run; b) powerful counter-reform mechanisms were at work soon after it started, which was most evident in the dramatic increase in the availability of homemade liquor. The essential conclusion is that, even under the most favourable control conditions for the state, the government's power over major trends in alcohol consumption is severely limited.

### **LEVINE, Misha**

McMaster University, Canada

#### **TORONTO ROCKS: SMOKING CRACK IN TORONTO VS. SHOOTING SPEED IN MOSCOW: A COMPARISON**

The paper will present the preliminary findings of a participant observation study (still under way) of a local community of crack users, which will be compared to the findings in Moscow as a point of reference. In terms of drug use per se, some similarities are obvious, notably a very rapid progression towards intimate social distances (particularly intense talking and sexual practices). On the other hand, ways and costs of supporting the habit are very dissimilar, in a sense poles apart.

Using the difference in social environment as a major independent variable the study will attempt to ascertain the degree of difference between the two sites, particularly in terms of life management for a regular user of hard drugs. The hypothesis is that the more developed Toronto market produces more side effects such as prostitution and theft, and further reaching devastation, and might even reduce the availability of choices for the consumer. At the same time, Toronto's the more developed social support system tends to soften the negative side-effects of use.

### **LEWIS, David**

Center for Alcohol and Addiction Studies,  
Brown University, USA

#### **THE MEASUREMENT OF HARM REDUCTION**

Historical and epidemiological analysis, along with the development of quantitative approaches to drug policy measurements, are useful for evaluating the effectiveness of current drug policies and developing new programs. A multi-disciplinary approach to drug policy analysis illuminates the specific goals and functions of "harm reduction", and thus prevents "harm reduction" from becoming another slogan like "the war on drugs." This paper overviews:

- 1) The theoretical basis for harm reduction policy.
- 2) The adequacy of data sources.
- 3) The development of new data sources to measure harm reduction.
- 4) Problems in measuring the effectiveness of harm reduction policy.
- 5) An historical analysis of how current recommendations compare with past policies.

This project has grown out of the Brown University Group for Sensible Drug Policy. Formed in 1991, the group seeks a better understanding of current drug policy and future policy alternatives. The group's organization, composition and meeting agenda will be described as a potential stimulus so that other universities may consider forming similar multi-disciplinary study groups.

### **LEWIS, Suzan; and KLEE, Hilary**

Manchester Metropolitan University, UK

#### **ILLCIT DRUG USE AND PREGNANCY**

Women form a substantial minority of opiate misusers in



the UK, but are under-represented among drug agency clientele. Drug-using pregnant women and mothers challenge gender stereotypes and notions of the "good mother". Consequently, a major deterrent to seeking help by this vulnerable group is concern that intervention from health professionals might result in children being taken into care. As a result, little is known about the needs and experiences of drug misusers during pregnancy. This paper presents some early observations from a study of 40 pregnant illicit drug users. In depth semi-structured interviews were conducted to explore patterns of drug use and health related behaviours in pregnancy, women's experiences of antenatal care and of professionals' attitudes to their drug use, the nature and extent of support from various sources, and gaps in support networks. Implications for the development of services for the reduction of harm to women and their babies are discussed.

**LINTZERIS, Nicholas**

Drug Services Victoria, Australia

**ENHANCING THE HARM REDUCTION POTENTIAL OF METHADONE MAINTENANCE TREATMENT: PRELIMINARY FINDINGS OF THE METHADONE ACCESS PROGRAM.**

The potency of methadone maintenance as a harm reduction strategy may be greatly enhanced by attracting heroin users into treatment earlier in their heroin use "careers", and by improving its ability to attract larger proportions of users into treatment. To this end, Drug Services Victoria has developed an innovative methadone program, titled the "Methadone Access Program" (MAP). The program is designed to facilitate the client's self regulation of the treatment process, with flexible frequency of attendance, self-regulation and dose using a dose range; and harm reduction sessions developed upon motivational interviewing techniques. Findings of the pilot study of 32 subjects indicates that MAP has attracted a significantly larger proportion of treatment neophytes than conventional methadone programs. Over 70% of treatment neophytes entered MAP within 3 years of commencing regular heroin use; and 50% of treatment neophytes are HIV seronegative at intake. Preliminary outcomes indicate a 7-fold reduction in heroin use, and a 4-fold reduction in HIV injecting risk practices, as measured by self report. The potential for enhancing harm reduction strategies through innovations in methadone treatment which facilitate earlier intervention are discussed.

**LONG, Dennis; and SHAW, Patrick**

Breakaway, Canada

**HARM REDUCTION RESULTS OF THE VAN PROGRAM**

Breakaway provides outpatient youth and family addiction counselling in the community of Etobicoke. A separate project, "the van program" began 2 years ago. Its purpose is to provide supportive counselling, condom distribution, needle exchange, referrals and S.T.D./H.I.V. education to the street community within Etobicoke. The focus has been on the lakeshore strip, a series of inexpensive motels catering to working prostitutes and their partners, youth and other persons frequenting this area. In addition to this street outreach, the van project began work in the West Detention Centre, providing a women's group, a young offenders group, and individual counselling to those requesting it. This has provided a continuity of care essential in building relationships. Data has been kept on all aspects of the project (i.e. number of needles exchanged, persons seen, etc.), as well as ethnographic information reported by clients. The method of evaluation relies on the data collected, for the number of repeat clients, and of those entering longer term treatment (Breakaway or other), as well as regular use of needle exchange, etc. We will be reporting on the results for harm reduction, which are threefold; providing the basic tools for drug users to remain healthy while using, providing a consistent link to service even while incarcerated, and ultimately providing drug treatment when clients are ready. We believe this is an expansion of the continuum of care by providing harm reduction and support services while clients are using and maintaining service delivery throughout the process.

**M****MAC COUN, Robert; and REUTER, Peter**

University of California, Berkeley and RAND, USA

**HARM REDUCTION AS A RESPONSE TO DRUG SELLING AND VIOLENCE**

The harm reduction movement developed in European cities largely as a response to the health-related consequences of drug use. The harm reduction approach offers much promise for addressing similar problems in the USA.

However, two features dramatically distinguish American from European drug problems: the widespread participation in drug selling by non-addict youth, and the level of violence associated with inner-city drug markets. We will illustrate these problems using new analyses of drug selling and its consequences in Washington, D.C. during the period 1985-1991. After briefly reviewing recent local policy responses, we will consider the suitability of a variety of alternative harm reduction responses, including (a) "traditional" health-related harm reduction programs, (b) drug legalization, and (c) a harm reduction philosophy of drug law enforcement.

### **MACDONALD, Scott; and WELLS, Samantha**

Addiction Research Foundation, Canada

#### **DRUG TESTING ISSUES AND IMPLICATIONS FOR HARM REDUCTION**

Issues related to drug testing in the workplace will be examined from a harm reduction perspective. Relevant research and the literature will be drawn upon in order to critically assess whether drug testing is beneficial to employers and employees. While drug testing is primarily intended to reduce alcohol and drug problems and increase workplace safety, many negative consequences will be discussed and weighed against the objectives of drug testing. Finally, alternative strategies for addressing alcohol and drug problems in the workplace, which are more consistent with a harm reduction perspective, will be briefly explored.

### **MACKENZIE, Betsy**

AIDS Education and Prevention Unit, Health Canada

#### **HIV AND ALCOHOL USE**

The Second National Workshop on HIV, Alcohol and Other Drug Use took place in Edmonton, Canada, in February 1994. The goal of the Workshop was to contribute to the prevention of HIV infection and its consequences by highlighting new information and strategies to reduce HIV transmission associated with the use of alcohol and other drugs, both licit and illicit.

This paper presents a discussion of the conclusions of the workshop with respect to the relationship between alcohol use and risky behaviours from the perspective of one of the Workshop co-chairs, a prevention specialist. It

also presents recommendations regarding interventions that could be used to prevent HIV transmission associated with alcohol use.

### **MAGGS, Christopher; and CHURCH, Olga**

University of Wales, UK

#### **CROSS-CULTURAL CONSIDERATIONS IN NURSING EDUCATION ON ALCOHOL AND OTHER DRUG ABUSE —poster**

The purpose of this research was to assess the universality and adaptability of educational methods for teaching about alcohol and other drug abuse in schools of nursing in two culturally different settings.

This study provided a viable opportunity for disseminating vital information about the health consequences of alcohol and other drug use, and at the same time to compare and contrast its influences on both students and faculty, in different settings.

Learning modules developed by Project NEADA (Nursing Education in Alcohol and Other Drug Abuse) at the University of Connecticut will be shared with faculty and students at the University of Wales in a cross cultural study to assess their effectiveness.

An organisational change model will provide the framework for the study. Preliminary findings suggest that mastery of skills and knowledge as well as the need to provide opportunities for values clarification are essential ingredients in meeting the global challenges inherent in one of the oldest and most pressing issues in health care today.

### **MAJOOR, Bart**

Netherlands Institute on Alcohol and Drugs (NIAD), Netherlands.

#### **HELPING THE HELPERS**

It is well known by experience that working with drug and HIV-problems from a Harm Reduction perspective requires a lot of personal involvement, as well as specific abilities from the workers.

The frustration workers meet in this field may result in the Staff Burn Out Syndrome, which results in decreased productivity and eventually in the loss of experienced workers. The roots and symptoms of this syndrome will be described, as well as a new view on the phenomenon ("Burn Through").



In our institutions human beings are the main production factor. While in factories maintenance of machines, being the most important means of production, is self evident and spending on maintenance is high, in our kind of institutions attention to maintenance of personnel is mostly low or non-existent. A policy for maintenance of workers and teams in this field will be described. Attending to staff, professional or volunteer, in a flexible but continuous mode is an important way to prevent workers from burning out.

### **MALINOWSKI, Andy**

Druglink Advisory Centre, UK

#### **CAN HARM REDUCTION POLICIES BE REVERSED?**

The paper discusses and analyses British drug policy from 1800 to the present time, identifying distinct phases in policy development and the historical reasons and implications for the transition from one phase to another. In the process a new fifth post-AIDS phase is identified.

Secondly, it examines the policy communities' state of readiness in responding to AIDS. It will assess the impact of AIDS on policy formulation/implementation and examine the hypothesis that AIDS has led to a radical shift in policy.

Thirdly, this paper will argue that whilst AIDS has had a significant impact on the direction of drug policy, this does not amount to a radical shift or rupture with the past.

Finally, it will argue that because policy changes have primarily been driven by pragmatic and political imperatives, they risk being reversed under certain conditions. Indeed there is evidence that this reversal away from harm reduction is currently in progress.

### **MANDERSON, Desmond R.A.**

Institute of Comparative Law, Canada

#### **THE WAR ON UGLINESS: THE AESTHETICS OF 'DRUG' LAWS**

Drug policy is treated as a rational endeavour - as about the efficacy of legal intervention on the one hand, and health risks to users on the other. But protagonists, whatever their position on law and policy, assume that attitudes to illegal drug use are determined by arguments and are amenable to logic.

This paper insists that the great hostility to drug users is, on the contrary, an expression of aesthetics. It is the

various images of the drug user, often stereotyped, always powerful - of the needle in the arm, of pollution and dirt, of arcane ritual and alien practices - which determine the policies which have been adopted for a century and prove now to be so resistant to reform.

Exploring the language of the law, historical materials from three continents, and the powerful images which resonate in contemporary society, the author argues that it is only by revealing the aesthetics of drugs that we can understand the resilience of people's beliefs; and it is only by recognizing the power of the senses in forming our values, that we can begin to initiate dialogue and change.

### **MANN, Jonathan**

Harvard School of Public Health, USA

#### **HARM REDUCTION, HUMAN RIGHTS AND PUBLIC HEALTH: LESSONS FROM THE HIV/AIDS PANDEMIC**

Worldwide, of the estimated cumulative total of 21 million HIV-infected adults as of January 1, 1994, at least 7 percent, or 1.5 million, have occurred as a result of injecting drug use. The percentage of all HIV-infected adults who were exposed through injecting drug use ranges from less than one percent in Sub-Saharan Africa; to 1-9 percent in Oceania and the Caribbean; to more than 10 percent in North America, Europe, Latin America and Asia. Large populations of injecting drug users are thus far little affected, or unaffected by HIV/AIDS; yet their vulnerability to explosive HIV spread has been tragically and repeatedly demonstrated.

Harm reduction strategies have demonstrated their effectiveness in helping to prevent HIV infection, at least at the pilot project and/or focal community level. Yet despite WHO recommendations since 1987 in support of harm reduction approaches within HIV prevention programs, and accumulating positive evidence on effectiveness of harm reduction, considerable resistance remains to implementation, especially at the national level.

The new strategic approach to AIDS, emerging from analysis of successes and failures of HIV prevention worldwide, explicitly links HIV prevention with promotion and protection of human rights and dignity. The situation of injecting drug users - including political resistance to implementation of harm reduction strategies - provides a classic illustration of the negative health impact of societal marginalization, discrimination and stigmatization.

It is proposed that the harm reduction approach is sound and appropriate in public health terms, consistent with promotion of human rights and dignity, and represents a practical and pragmatic application of the new strategic approach to HIV prevention. The challenges of HIV/AIDS among injecting drug users has helped public health understand that realization of its central goal - "to ensure the conditions in which people can be healthy" - will require transforming the relationship between injecting drug users and society.

### **MARLATT, Alan G.**

University of Washington, USA

#### **HARM REDUCTION FOR ALCOHOL PROBLEMS: REDUCING BINGE DRINKING IN HIGH-RISK YOUTH**

College students represent a population that includes a high proportion of binge drinkers. Harmful consequences include overdose deaths, injuries, automobile accidents, date rape, violence, and vandalism. In this paper, two-year outcome data from a randomized trial of a secondary prevention program based on harm-reduction principles are presented. College freshmen previously selected as drinking in the top 25th percentile of the entering class agreed to be randomly assigned to receive feedback and advice (experimental group;  $n = 174$ ) or receive only assessment procedures (control group;  $n = 174$ ). All subjects were reassessed with questionnaires both one and two years after baseline assessment. Retention over two years was 88%.

Results of multivariate tests of two self-report indices of drinking pattern (frequency and average quantity) revealed significantly greater drinking reductions by the treatment group [ $F(2,572) = 8.35$ ,  $p < 0.088$ ]. Multivariate tests evaluating two different self-report measures of alcohol-related problems (Rutgers Alcohol Problem Index and the Alcohol Dependence Scale) revealed a similar group-by-time interaction favouring the treatment group ( $F(2,588) = 4.88$ ,  $p < 0.008$ ). The results provide strong support for a harm-reduction approach to alcohol abuse in young adults.

### **MARQUES, Paul R.**

National Public Services Research Institute, USA

#### **CASE MANAGEMENT AND HARM REDUCTION IN A RANDOM-ASSIGNMENT TREATMENT STUDY OF COCAINE-USING MOTHERS**

A sample of 163 cocaine-positive, welfare mothers were identified by urine toxicology, and randomly assigned to drug treatment (residential, outpatient, control). All got case management services. Infant hair was collected at entry, maternal hair and urine cocaine were measured at 4 mo. intervals for quantitative index of drug use change (mother-infant hair correlated  $r = .52$ ); social and psychometric instruments were administered at 8 mo intervals. Baseline distress was significantly correlated with life difficulties, family trouble, and self-esteem but not with levels of recent cocaine exposure, but all used cocaine. After 12 months 65% of mothers were retained in case management activities, treatment retention was poor (only 12% of intervention groups completed 70% or more of all scheduled sessions), despite free child care and transportation. Results identify harm-reducing effects of case management and suggest conventional abstinence approaches place too great an initial barrier, with too little evident payoff, to warrant major commitments to lifestyle change.

### **MARQUES, Paul R.**

National Public Services Research Institute, USA

#### **THE USE OF HAIR ANALYSIS IN PERINATAL TREATMENT OUTCOME STUDIES AND INFANT OUTCOMES.**

Evidence suggests that while mother and infant hair-cocaine measures are strongly related (suggesting quantitative validity to the measure), there was no clear relation between degree of infant exposure and poor birth outcomes. Cocaine levels in hair were used to document the harm-reducing impact of a case management intervention with postpartum women. Hair is a sensitive research tool to assess cocaine exposure but does not have sufficient accuracy to be used forensically. Many variables which could influence results, such as racial difference in hair composition, hair treatments, health, etc. should preclude widespread use of this procedure due to civil rights concerns.



**ELLIDT, Lawrence; MCCOMBIE, L.; FARRDW, K.;  
GRUER, L.; and CAMERON, J. (presented by  
L. McCombie)**

HIV & Addictions Resource Centre, Ruchill Hospital, Scotland

**NUTRITIONAL DEFICIENCY AND INJECTING DRUG USE - ANY CAUSE  
FOR CONCERN?**

**OBJECTIVES:** One particular health concern is that of the dietary intake of drug users, particularly those at risk of contracting HIV. Recent research indicates that drug users are underweight, which suggests they may also be nutritionally deficient. These studies, however, have relied upon small or unrepresentative samples. To address this issue, the body mass indexes (BMIs) of 364 randomly selected drug injectors attending needle exchanges in Glasgow were compared with UK averages.

**METHODS:** A total of 364 injectors between 20-29 years were sampled from eight needle exchange sites in Glasgow during 1993. Their BMIs were compared with those of the UK population. Chi-square tests were used to test the differences between the needle exchange and UK data sets.

**RESULTS:** Male, and to a lesser extent younger female, drug injectors are underweight compared with the rest of the UK population (BMI < 20 males,  $p < 0.01$ ; females,  $p < 0.05$ ). Younger female drug injectors are also significantly less obese (BMI > 25,  $p < 0.05$ ). However, the BMI distribution of older female injectors is similar to that of the UK population. (Table 1)

**NEEDLE EXCHANGE BMIS COMPARED WITH UK DATA (KNIGHT)**

BMI CATEGORY	GLASGOW NEEDLE EXCHANGE 1993		KNIGHT UK 1984	
	20-24YRS	25-29YRS	20-24YRS	25-29YRS
	N	(%)	N	(%)
<b>(MALES)</b>				
20 OR UNDER	27	(29%)	27	(27%)
OVER 20 TO 25	59	(63%)	64	(64%)
OVER 25	7	(8%)	9	(9%)
TOTAL	93	100	516	537
<b>(FEMALES)</b>				
20 OR UNDER	30	(36%)	17	(20%)
OVER 20 TO 25	47	(56%)	59	(68%)
OVER 25	7	(8%)	11	(12%)
TOTAL	84		87	
TOTAL	177		1,063	1,093

**DISCUSSION:** These data suggest that male, and to a lesser extent, younger female injectors do not meet their dietary requirements. Nutritional interventions should become part of harm reduction programmes for injecting drug users. The lifestyle of male and female injectors may influence nutritional status and should be considered in future intervention and research programmes.

**MCCUSKER, Jane; STDDARD, A.; HINDIN, R.;  
GARFIELD, F.; and FRDST, R.**

University of Massachusetts; Spectrum, Inc.;  
Marathon, Inc.; USA

**RESIDENTIAL DRUG ABUSE TREATMENT AND HIV RISK  
BEHAVIOUR CHANGE**

We examined the relative effectiveness on HIV risk behaviour change of residential drug-free programs for treatment of abusers of drugs other than alcohol which differed in their duration and approach. This question was addressed in two randomized controlled trials comparing 6 and 12 month versions of a therapeutic community program (TC), and 3 and 6 month versions of a relapse prevention and health education program (RP). The AIDS education components of each program were tailored to other program content.

Numbers of subjects enrolled were 493 in the RP and 217 in the TC trial. Follow-up interviews were completed between 2-6 months after exit among 79% of subjects. Risk behaviours assessed for 3 month periods prior to admission and after exit included: injection risk (sharing, bleaching), numbers of sexual partners, and condom use.

In preliminary analyses of 405 clients, significant reductions in drug injection risk behaviour and increases in condom use were observed, while numbers of sexual partners did not change significantly. Results will be presented of predictors of behaviour change and differences by program.

**MCLAREN, Tony**

Simpson House Drugs Project, UK

**DRUG EDUCATION AND HARM REDUCTION IN A PRISON SETTING**

The use of drugs by men in the community who eventually serve time in prison for a drug related offence has pre-

sented a major challenge to drug counselling agencies.

This paper reports a recent initiative to establish a programme of Drug Education within the prison setting, of the difficulties attached to such an undertaking and the successes achieved. The purpose of the group is to provide information, explore harm reduction techniques and afford drug users the opportunity to make sense of and examine issues identified by them concerning their drug use. The method of evaluation is three-fold, involving the participants themselves, the co-facilitators of the group and the services of an outside evaluator.

Key factors in the multidisciplinary approach and the management process are identified and discussed. These factors may be of special interest and importance to prison authorities, prison social work staff, managers and funders of drug agencies. Although the initiative is in its infancy, the results and implications for Harm Reduction are already regarded as noteworthy.

### **MEIKLE, Alex**

Possil Drug Project, UK

#### **EVALUATION OF THE CURRENT ACTIVE CLIENT CASELOAD OF THE POSSIL DRUG PROJECT, GLASGOW**

Possil Drug Project provides support and works with drug users encompassing a range of goals within the overall framework of harm reduction. This exercise was designed to evaluate the current status of clients after initial presentation as a means to assess outcome measures.

Clients were assessed in relation to a series of variables relating to drug use, lifestyle and general wellbeing. In consultation with staff a number of foci were identified to form the basis of the study. These formed the basis for a questionnaire administered individually to casework staff by the Project researcher.

The study was carried out during April and May 1993 with updated manual files on 65 current clients serving as the data source. All of these clients had been working with a key worker over a minimum of 6 sessions. Each client's overall progress was assessed in terms of how far they had developed in reaching the goals negotiated between client and counsellor.

The paper will concentrate on 3 main topics:

1) The methodological problems to be encountered in attempting to measure outcomes in harm reduction as

against abstinence.

2) An outline of the main results in terms of drug use, lifestyle and general wellbeing which issued from the evaluation exercise.

3) Divergencies were uncovered as how to staff personally appraised their client's progress and how they viewed the counselling process. This led to the formulation of different "models of counselling". The implications of this for service provision will be examined.

**MESQUITA, Fábio Caldas; BUENO, R.C.; BASTOS, F.I.; TELLES, P.R.; WALKER, R.; and RODRIGUES, L.**

Prevention Unit, PNC-DST/AIDS; IEPAS/SEHIG; DIS/CICT-FIOCRUZ; NEPAD/UERJ; Brazil

#### **HARM REDUCTION STRATEGIES: TRYING TO OVERCOME POLITICAL AND LEGAL CONSTRAINTS**

An institutional policy of harm reduction has been adopted in Brazil in 1993. After a three year struggle, important changes in official policy have occurred in the three branches of government. In the executive branch, the National Program of STD/AIDS, of the Ministry of Health, has initiated development of human resources in this area, with training of 100 specialists by Australian experts. By the end of 1993, five needle exchange pilot programs will be implemented; the first process evaluations should be ready by the March conference. The program will be funded by IBRD, in conjunction with UNDCP. In the legislative branch, two bills currently under consideration propose to legalize distribution of syringes. These bills are the fruit of pressure by local NGO's and of IDUN (International Drug Users Network), which has played a major role. Finally, in the judicial branch, there is still resistance to needle exchange projects, resulting in a new investigation by the Federal Police. Encounters, seminars and meetings have been included among the instruments used to reduce opposition. In conclusion, there is a promising possibility that Brazil will be one of the first developing countries to implement an official harm reduction policy.



**MICHAUD, Margaret**

D.A.M.S. (Drug and Alcohol Meeting Support for Women), Canada

**A MULTI-SERVICE APPROACH TO WORKING WITH HIGH-RISK WOMEN AND THEIR CHILDREN**

This workshop will present a multi-service approach to working with the high risk population group of women, their children and their drug use. It will offer an innovative and effective service model that is an alternative to the traditional AA/NA approaches.

Through individual, group and outreach work with women and their children we strive for a prevention rather than crisis intervention mode by assisting women who are reluctant and mistrustful of mainstream government agencies to access social and medical services.

We encourage the women to help themselves and each other by empowering them to make the changes necessary to ensure the safe and healthy development of their children and their families. D.A.M.S. provides a non-threatening environment in which to make these changes.

**MICHELS, Ingo Ilja**

Berlin, Germany

**MODELS OF LEGALIZATION OF ILLICIT DRUGS IN GERMANY**

In the last years in Germany a new and controversial debate started on the prevailing drug policy. Since the increase in the AIDS crisis among injecting drug users, new approaches to AIDS prevention were used by AIDS and drug services, such as syringe provision, peer group education and methadone treatment. This change in methods meant an abandonment of the dominant paradigm of drug use. Now several alternative models are discussed by experts, drug counsellors, politicians, medical professionals and lawyers etc. These models for a new drug policy reform in Germany will be presented and discussed.

The acceptance oriented associations are asking for legalization models, like the drug store model (Schmidt-Semisch) with foodstuff control mechanisms; the medical provision model (Bossong) as in Britain is requested by the cities of Hamburg or Frankfurt/Main; and the mailbox model (Wintemitz) is requested by user organizations.

Regarding cannabis products, the Netherlands coffee shop model is the common proposal. The traditional drug services and associations are more cautious and ask in-

stead for decriminalization models, i.e. impunity for drug consumption.

Even the Caritas, a social welfare organization of the Catholic church, is strongly asking for a new drug policy and an opening to such projects as "shooting rooms" and medically controlled provision of heroin to long term dependents. On the other hand, the leading conservatives in the Parliament are rejecting these demands because it would induce further drug consumption.

**MICHELS, Ingo Ilja**

Berlin, Germany

**HIV AND THE PRISON SITUATION IN GERMANY — OBSTACLES FOR PREVENTION**

In Germany presently there are about 50,000 people in prison. About 10-15% of the inmates are imprisoned because of offenses against the narcotic law, and in larger cities, this percentage rises to about 30%. The HIV prevalence among imprisoned drug users is estimated at about 25%. There are different rules existing in the different German states which are responsible for the prison system.

The requirements for preventing HIV infections — namely sterile injection equipment or bleach — are not available in German prisons. Now in some states, the authorities are beginning to think about the distribution of clean equipment for drug users, and this fact is creating new debate between the ministries of health and justice.

In a study conducted by the Deutsche AIDS Hilfe (DAH) in 1991/92 among 117 HIV positive inmates, 96% had a history of drug use and 86% said that drugs are available in the prisons. Only a third could be seen by external doctors or clinics, 78% reported a negative compliance and only 6% found the internal medical staff competent to deal with HIV infection. The data of the survey will be presented and discussed, as well as the prevention strategy of the AIDS Hilfe groups.

**MILLER, Brenda**

Research Institute on Addictions, USA

**HARM REDUCTION APPROACHES FOR REDUCING VIOLENT VICTIMIZATION ASSOCIATED WITH WOMEN'S DRUG USE**

Women drug users are at risk for many types of violent vic-

timization as part of their drug user lifestyle. This presentation provides an overview of the types of violent harm (family and non-family) that occur to women who are involved in the drug scene based upon data from two different studies conducted in Western New York. Study 1 has 472 women from five different samples: outpatient alcoholism clinics, New York State Department of Motor Vehicles classes for first-time drinking driving offenders; shelters and groups for battered women; outpatient mental health clinics; and households obtained through random digit dialing. Study 2 has 238 women from four different samples: outpatient drug treatment, shelters for partner violence, and two geographically and age matched community samples. Descriptive accounts of some of the most violent incidents of victimization indicate how and why violence permeates the lives of women involved in the drug culture. Public policy measures that could be implemented to reduce the harm experienced by women drug users will be discussed.

**MILLSON, Peggy; MYERS, T.; RANKIN, J.; MAJOR, C.; FEARON, M.; and RIGBY, J.**

University of Toronto; Addiction Research Foundation; Ontario Ministry of Health; Canada

#### **EVIDENCE OF REDUCTION IN HIV RISK BEHAVIOURS AMONG INJECTING DRUG USERS IN TORONTO, CANADA, 1989-1993**

The paper examines trends in HIV seroprevalence and associated risk behaviours among injecting drug users (IDUs) in Toronto, Canada who were not in treatment. From Nov. 1989 to May, 1993, we conducted interviews about HIV risk behaviour with IDUs who were not in treatment using the questionnaire developed for the WHO Multicentre Study on Injecting Drug Use and Risk of HIV Infection. Interviewees provided saliva and finger-prick samples for unlinked HIV testing. We compared results from cross sectional surveys in three one-year periods: 1989-90 (N=582); 1991-92 (N=342); 1992-93 (N=342)

The seroprevalence does not appear to have increased significantly from the 4.3% found in 1989/90. There has been an overall decrease in those reporting taking used needles/syringes from others although 32% in the year 1992/93 still report sharing in the preceding 6 months. In 1992/93, 215 of those with a history of incarceration reported having shared needles/syringes while in custody. There is evidence of some improvement in the use of condoms.

While there is some evidence that overall sharing of needles/syringes has declined, there is still concern for those who continue this risk behaviour, especially while incarcerated. In addition, continued sexual risk behaviour is evident among injecting drug users.

**MINO, Annie**

Institutions universitaires de psychiatrie, Switzerland

#### **NEW DRUG POLICY IN GENEVA**

Before 1986, the official drug policy in Geneva was oriented towards abstinence. Between 1986 and 1991, gradually a "harm reduction" policy was accepted and introduced. This harm reduction policy became, in 1991, the official drug policy of the canton, and allowed the implementations of differentiated strategies in the public as well as in the private sector (syringe exchange, methadone, work at community level, etc.)

**MITCHESON, Luke; WANIGARATNE, S.; GILSON, R.; HARRIS, J.; RAVAL, H.; and ALCORN, R.**

Camden and Islington Drug Services, UK

#### **FACTORS INFLUENCING DRUG USERS' COMPLIANCE WITH A HEPATITIS B VACCINATION SCHEDULE AND DEVELOPMENT OF A HEALTH INTERVENTION TO INCREASE COMPLIANCE.**

19 clients from a London drug service took part in the study. Participants were randomly allocated to a group receiving the health intervention or a control group. The intervention was designed to be adaptable to participants' hepatitis B knowledge level and was based on motivational interviewing techniques.

Participants completed questionnaires at each contact with the vaccination team. The questionnaires were a measure of health beliefs based on psychological models of health behaviour change, a measure of life problems, service satisfaction and the Hospital Anxiety and Depression scale.

There was significantly better attendance for vaccination appointments in the intervention group. Increased efficacy expectations as well as lower scores of depression were related to better attendance.

The value of investigating drug users' health beliefs as a motivational factor in engaging in health related behav-



jour was demonstrated. Increased compliance with the hepatitis B vaccination has implications for the minimisation of drug related harm.

**MONTIROLI, Paola Maria; FENNEMA, J.S.A; DAVOLI, M.; VAN DEN HOEK, J.; and PERUCCI, C.**

Epidemiology Unit, Lazio Region Health Authority, Italy; Municipal Health Service Department of Public Health and Environment, Netherlands

**MIGRANT INTRAVENOUS DRUG USERS (IVDUs): COMPARISON OF ITALIAN IVDUs IN AMSTERDAM AND ITALIAN IVDUs WHO NEVER MOVED FROM ITALY**

The study compares Italian IVDUs in Amsterdam, and Italian IVDUs who never moved from Italy. In a cross-sectional study, IVDUs were recruited in the street, 1990, and interviewed with a standardized questionnaire.

	ITALIANS NEVER MOVED (N=282)		ITALIANS IN AMSTERDAM (N=31)		P-VALUE
	N.	%	N.	%	
AGE (MEAN; SD)	(26.8; 5.1)		(30.1; 7.2)		0.013
YEARS OF EDUCATION (MEAN; SD)	(16.4; 3.1)		(15.8; 2.6)		0.234
HIV+	77	29.0	12	41.3	0.258
UNEMPLOYED	6	2.1	19	61.3	0.000
LIFETIME PRISON EXPERIENCE	166	58.9	29	93.5	0.000
<u>PREVIOUS 6 MONTHS:</u>					
HEROIN USE	282	100.0	24	77.4	0.000
COCAINE USE	140	49.6	16	51.6	0.985
HEROINE+COCAINE	34	12.0	26	83.9	0.000
HASHISH USE	220	78.0	23	74.2	0.796
BORROWING NEEDLES	56	19.9	10	32.3	0.169
LENDING NEEDLES	81	28.7	14	45.2	0.092

Italian IVDUs in Amsterdam belong to an outcast group without job, with frequent lifetime jail experience. They acquire a pattern of drug use similar to the Dutch one; similar prevalence of hashish use was found despite the different legal regulations. Italian IVDUs in Amsterdam represent a high risk group for HIV transmission given the high prevalence of HIV infection and needle sharing. Major efforts should be made to address preventive interventions not only towards Dutch IVDUs, but to the migrant ones as well.

**MOORE-DEMPSEY, Laura**

British Columbia Ministry of Health, Canada

**EDUCATION FOR HIV-POSITIVE INJECTION DRUG USING WOMEN**

HIV positive women and women at risk for HIV who are injection drug users require education interventions specific to their needs, fears, values, strengths, skills, culture and environment. This session will identify internal and external factors contributing to health-compromising behaviour and explore a conceptual framework based on health promotion principles for planning and implementation of practical support. The need to minimize harm reduction barriers and to maximize healthy support strategies in conjunction with the multiple biopsychosocial issues affecting this population will be described. Currently, the conceptual model is being applied in prisons, detoxification centres and with street involved people. Policymakers, educators, counsellors, health care providers, corrections staff and alcohol and drug workers can increase their understanding and integrate these concepts when planning, implementing and evaluating prevention programs for injection drug using women.

**MORGAN, John**

City College of New York, USA

**IS THERE ANYTHING TO BE LEARNED FROM ANIMAL STUDIES OF COCAINE SELF-ADMINISTRATION TO REDUCE HARM AMONG HUMAN COCAINE USERS?**

Many papers describing animal self-administration of cocaine have resulted from U.S. Government funding. These studies tell us that: animals will reliably self-administer this drug in the absence of physical dependence and that they will administer it unto death. Proponents of animal pharmacology studies imply that the results provide information essential to understanding cocaine addiction in humans. However, in most cases, the studies depicting fatal self-administration have been purposely manipulated to provoke harm. In addition, since knowledge of repetitive human use of cocaine preceded such studies, it can be concluded that their primary function is to support punitive policy.

**MUSCOVITCH, Freda Ariella, and RANKIN, James G.**

IDDAS; Addiction Research Foundation; Canada

**HEALTH, ILLNESS AND THE COMMUNITY: HARM REDUCTION IN MEDICAL EDUCATION**

Harm reduction is an inevitable goal as medicine moves into the 21st century. The University of Toronto's Faculty of Medicine is shifting the educational paradigm in undergraduate medical education from focusing on the sick person to one which seeks to promote health and reduce harm. Promoting Health in the Community (PHC) is the second of three components of HEALTH, ILLNESS AND THE COMMUNITY (HIC), a two year course of the problem-based learning curriculum. It exposes future physicians to a broad range of factors that influence alcohol and drug use at the individual, community or larger population levels. The goal is to promote positive attitudes toward physician involvement in harm reduction vis-à-vis development of personal skills, creation of supportive environments, enabling and advocating, reorienting health services, strengthening community action, building healthy public policy, and providing treatment. The Community Experience introduces students to a continuum of 76 alcohol and drug programs and services, a spectrum of primary, secondary and tertiary interventions, and harm reduction opportunities and initiatives: drinking/driving countermeasures, server intervention programs, liquor licensing, mayors' task force on drugs, drug reform secretariat, and needle exchanges.

The drug and alcohol community experience is highly evaluated by students and site-coordinators as a valuable component of medical education for future physicians.

**MUGFORD, Stephen**

Department of Sociology, Australian National University, Australia

**HARM REDUCTION ON THE HIGHWAYS — AN EVALUATION OF A PROGRAM FOR TRUCK DRIVERS ABOUT STIMULANT USE**

This paper discusses a campaign organised by the Australian Drug Foundation (ADF) with the support of Convenience Advertising. The campaign delivered harm reduction messages about stimulant drug use to long distance truck drivers in the form of posters displayed in showers in truck stops and postcards.

Evaluation was based upon a survey of an availability sample of truck drivers exposed to the messages by virtue

of using the truck stops where they were displayed. The truck drivers were interviewed using a formal interview schedule. Contact was made with 101 potential respondents who were career drivers. The effective recall rate of material was about 95%. The data strongly indicate that the campaign undertaken by ADF on this issue was highly successful. Very large majorities of those interviewed thought that the campaign was worthwhile; the material was displayed in the right places; messages were relevant to the industry and issues; the hotlines were a good idea and a proportion would consider calling; and the campaign had generated some discussion of the topic among drivers.

The central thrust of the program as a harm reduction measure to cope with existing and prevalent use was well understood and generally supported. There were two caveats, expressed by minorities of drivers. The first concerned whether the campaign might generate negative publicity for the drivers. The second was whether, by coping with use rather than seeking to oppose it and reform the industry, the campaign might not indirectly support the exploitation of drivers by the industry, in that it taught drivers to use 'safely' rather than removing the causes of use (deadlines and pressure). This caveat raises an important ethical question that must not be neglected. The view that the campaign condoned use by drivers per se was expressed, but only by a tiny minority. The paper links the success of the campaign, as well as these caveats, to a discussion of harm reduction strategies.

**N**


**NADEAU, Bryan G.; and ALEXANDER, Bruce K.**

Department of Psychology, Simon Fraser University, Canada

**ANABOLIC STEROIDS, LIVER CANCER AND THE AMELIORATION OF DRUG RELATED HARM**

The attribution of devastating health and social consequences of anabolic steroids has prompted strict controls over these drugs throughout the world. However, these claims are frequently unsupported, exaggerated or untrue. The empirical weakness of such claims will be illustrated by a review of the evidence linking steroids to liver cancer. In fact, it will be shown that the evidence linking everyday



oral contraceptives with liver cancer is as strong as that linking steroids with liver cancer. We will argue that the claims currently being made about steroids are better understood as originating in a "temperance mentality" that has persisted from the 19th century than as originating in science. A harm reduction approach based on accurate information will be proposed that would go further to safeguard the user and society than the current application of draconian drug laws.

**NADEAU, Louise**

Université de Montréal, Canada

**WITHDRAWAL, DESPAIR, MYTH AND LOVE: A TYPOLOGY OF RISK-TAKING SETTINGS FOR DRUG DEPENDENT WOMEN**

Risk-taking behaviours such as dangerous driving, theft or gambling have been associated with alcohol and drug dependence and are most prevalent in men. Unprotected sex however is equally present in heterosexual contacts and presents the greatest threat, with needle exchange, for HIV contamination. The presentation is concerned with women that are dependent on psychoactive substances and will present a typology of risk-taking contexts leading to unprotected sexual intercourse and to a potential HIV/AIDS transmission. Four situations will be examined: (1) withdrawal from drugs; (2) chronic and generalized despair that could also correspond to some form of mental disorder coexisting with the dependency; (3) erroneous beliefs that the partner cannot be infected; (4) being in love. The discussion will explore the specific psychological vulnerability of women and examine the strategies that could lead to a modification of such risk-taking.

**NEGRETE, Juan Carlos**

McGill University, Canada

**CHEMICAL DEPENDENCE AND HEALTH STATUS**

In addressing the question put to the panel "Is drug dependence a harm?", this presentation will contend that, indeed, the state of pharmacodependency that some regular drug users develop is among the most serious consequences of such practices; one that shapes the life experience of the person so affected; a condition that markedly increases the risk of occurrence of the many problems as-

sociated with frequent inebriation. Given the background and professional experience of this speaker (physician/psychiatrist), the question at hand will be approached from a clinical and health-centered perspective. The medical concept of dependence and the current diagnostic criteria will be presented with the help of video clips of an actual clinical case. The neurobiological basis of compulsive, chronic intoxication will be discussed and the harm it represents in terms of unfulfilled human potential, diminished quality of life, impaired psychic function, damaged health and accumulated problems in social performance will be outlined.

**NEWMAN, Marie**

South Birmingham Health Authority, UK

**DETERMINING DRUG POLICY: UTILIZING THE REGIONAL DRUG MISUSE DATABASE IN THE WEST MIDLANDS, UNITED KINGDOM — poster**

Publicly funded health care in the UK, including that available for drug users, is now subject to a demarcation of roles between 'purchasers' and 'providers'. Those who purchase health care conduct health needs assessments on their resident populations to determine the quantity and nature of services to be delivered. The process has lately been operating in the commissioning of services for drug users.

Determining appropriate policy and service response to the myriad of problems posed by drug use has been hampered in the past by a lack of robust source data. The development of a Drug Misuse Database in each of the UK's Regional Health Authorities has gone a long way towards addressing that deficiency.

The poster will explain some determinants of the drug policy in the West Midlands by outlining the way in which the Regional Drug Misuse Database has influenced local health needs assessments. The quality of services delivered to drug users has improved as a consequence.

**NOBLE, Amanda**

Western Consortium for Public Health, USA

**PREGNANT AND USING: CHILD ABUSE REPORTING AND MANDATORY TREATMENT IN CALIFORNIA**

This paper focuses on the social and political definition of the problem of pregnancy and drugs in California. Employing observational methods, the author studied a variety of

settings where definitional processes and everyday practices were shaped. In California, claims-makers who define the problem as a "disease" have prevailed, and a large commitment of public funds has insured this definition. The way in which pregnant drug users are identified and the services they receive do not reflect a "kinder, gentler" approach to the problem. Medical and quasi-medical professionals accommodate coercive measures in their interactions with the women they intend to "heal". These measures include the construction of medical protocols that identify largely poor women and women of colour, leading to drug tests and reports of child abuse. Coercive measures continue via mandatory treatment where women must perform well in order to regain child custody.

### **NOREIKA, Jonas**

European Interest Group of Drug Users, Lithuania

#### **DRUG USING AND HUMAN RIGHTS IN LITHUANIA AND IN THE FORMER SOVIET UNION**

In the ex-Soviet countries drug users are considered to be criminals. They have no rights, neither in everyday life nor in prison. All drugs are home-made; there's opiates, amphetamines, cannabis, and hallucinogens. Mostly the drug-making process is not sterile. Drug addicts are dying from sepsis, overdoses (especially in the summertime, using poppy milk for the first time) or using alcohol with drugs. Sharing needles was common about ten years ago. Now "professional" IDUs have their own "ammunition". Syringes are available in the pharmacies or commercial shops, but not in every city.

No ex-Soviet IVDUs have heard about harm reduction, safer use or safer sex. The Lithuanian AIDS Centre made a questionnaire study, from which we can see that half of respondents share syringes and don't use condoms. As of 1993, there are still no IVDUs who are HIV+ in Lithuania, only one in Latvia and three in Belorussia.

The Lithuanian Interior Ministry amended the Penal Code of Lithuania concerning drug using, producing, selling etc. Periods of imprisonment for those crimes were prolonged. Also the Ministry is against methadone or any other substitution programme, as is the Lithuanian Health Ministry. No substitution program is available in any part of the ex-USSR.

Officially there are 555 drug users in Lithuania, but the real number could be 10-14 thousand. There is only one

detoxification centre, with about 15 beds in it. The Lithuanian AIDS centre runs a rehabilitation community where 5 ex-users live.

# O



### **OPHEIM, Eloise**

P.R.I.D.E., Canada

#### **THE DEBATE OVER HARM REDUCTION**

Lately, a growing number of people are advocating a new social policy called "harm reduction". This movement calls for relaxed drug laws to clear the way for the rights of individuals to choose which substances they will consume and what risks they will take with their own bodies.

Opponents argue that someone else's selfish high is not a victimless act, and no one has the right to use mood-altering drugs.

Both view points raise several important issues with respect to the rights of drug users, of non-drug users, and of society. Fundamentally, the debate is over the role of law in upholding the nation's moral fibre which sometimes conflicts with personal freedoms.

### **ORGEL, Michael**

Maudsley Methadone Maintenance Clinic, UK

#### **THE FUTURE IMPACT OF NEW HOUSING LEGISLATION ON DRUG USE AND HIV/AIDS IN THE UK — poster**

The UK government is proposing a new law which will in effect criminalize squatting by homeless people. Agencies working with the homeless have expressed concern that these measures will increase the problem of homelessness. Drawing on research showing links between homelessness and drug use and HIV, this poster will suggest that the proposed law may increase levels of problem drug use and the risk of HIV transmission for the homeless. It will further be argued that professionals working in these fields need to actively involve themselves in debates on social policy, so as to prevent legislation from being passed which increases rather than reduces societal risk



factors. (The conclusions argued in the poster represent personal opinion and not those of the organization.)

**OSCAPELLA, Eugene Leon**

Lawyer, Canada

**CIVIL LIBERTIES IMPLICATIONS OF CURRENT DRUG POLICIES  
AND OF POTENTIAL ALTERNATIVES**

The presentation will discuss the civil liberties implications of current drug policies. It would describe the near impossibility of enforcing drug laws with traditional investigative tools and the resulting need for extraordinary investigative powers and techniques. These include strip searches, surveillance, use of informers and undercover police officers, entrapment, drug testing, proceeds of crime legislation, reporting requirements for large cash transactions, international criminal assistance treaties, reverse onus provisions in criminal legislation, mandatory minimum penalties, historical examples of deportation, physical abuse during arrest (choke-holds, for example), and the violence used during drug raids.

The possible violations of constitutional rights such as freedom of expression, and the right to life, liberty and security of the person will also be discussed, emphasizing that these heightened powers of the state affect not only those in the drug community, but also "ordinary" citizens who have no involvement with drugs.

The presentation will also call for caution when considering replacements for the system of prohibition. Other ways to regulate drugs in society, such as mandatory treatment, should not replace the civil liberties violations inherent in prohibition with new violations under alternative schemes.

**OSCAPELLA, Eugene Leon**

Lawyer, Canada

**DRUG TESTING, PROHIBITIONIST DRUG POLICIES AND  
HARM REDUCTION**

This paper will examine the relationship between prohibitionist drug policies and drug testing. It will discuss the illogicality of drug testing, given its ability to measure past use only, rather than present impairment. The reliance of drug testing, not as a vehicle for promoting public safety, but as a means of carrying out prohibitionist ideals will also

be addressed, as will the fundamental human values that suffer as a consequence - privacy, tolerance and autonomy among them.

Several current drug testing programs in Canada, as well as the planned introduction of other programs, will be reviewed. The response of organizations like the Office of the Privacy Commissioner of Canada to proposals to introduce drug testing in government is also addressed.

**OSCAPELLA, Eugene Leon**

Lawyer, Canada

**HAIR ANALYSIS AND HARM REDUCTION: CONVERGENCE AND DIVERGENCE**

See abstract listed under HINDIN.

P

**PAPPAS, Les; IANDOLI, Cece; and LAWLOR, Barry**

San Francisco AIDS Foundation; California State University, San Francisco; Haight Ashbury Free Clinics; USA

**ECSTASY INTERACTIVE TELEPHONE SYSTEM: SURVEY & EVALUATION**

Two years ago, Vogue magazine in America called San Francisco the "rave" capital of the world. The rave scene refers to the all night, sensual dance and music experiences which mimic the psychedelic mood of the 1960's and 70's. Like that era, the drug of choice at the rave scene is a new love drug known as ecstasy or simply X (MDMA). As ecstasy use mushroomed, so did the fear that the new environment of heightened sensual/sexual feelings might lead to increased spread of HIV. The San Francisco AIDS Foundation, in collaboration with the Haight Ashbury Free Clinics, developed a campaign to deliver drug and sex information to ecstasy and potential ecstasy users.

A series of 5 cards were created which contained simple guidance for safe sex and safe drug use. Each card also featured a telephone number for more information. 50,000 cards were distributed at raves, clubs, coffee houses, and clothing stores catering to the rave audience. An automated interactive telephone system was established to provide (1) extensive information about X and

sex, and (2) total anonymity, (3) and which allowed callers to utilize menus to hear about specific areas of interest. Before callers exited the system they were invited to stay on the line and complete a survey which polled them about their frequency of ecstasy use, their sexual habits, and their opinion of both the card and phone interventions.

This presentation will discuss the results from 107 survey respondents. The respondents were 62.6% male and 37.4 female. They were 29.2% gay, 55.2% heterosexual, and 15.6% bisexual. Ages ranged from 13 to 62 years old, with most in their late teens and early 20's. Preliminary analysis indicates that most of those who answered the survey questions did indeed find both the cards and the phone system useful. 94.8% said they intended to tell their friends about the phone line. 73.5% reported prior use of ecstasy and 46.9% said they used condoms sometimes or never. Further analysis will describe differences found by racial group, gender, sexual orientation, place of residence, and amount of previous ecstasy use.

### **PATES, Richard**

South Glamorgan Community Drug Team, UK

#### **AMPHETAMINE USERS - A HIGH RISK GROUP**

A recent study in Cardiff surveyed over 500 amphetamine users. Many were using recreationally with low levels of risk. However, more than 50% reported physical or psychological problems associated with the use of amphetamine. Despite the existence of drug services in the district, only 10% had made contact with these services. Syringe sharing was still reported despite the existence of easy access needle and syringe exchanges. Many users felt that the drug agencies were not appropriate for amphetamine users and were geared towards opiate users.

A pilot study for prescribing amphetamines to chaotic users showed promising results in reducing street drug use, injecting and prostitution. This paper will discuss these two studies and raise issues about the use of amphetamines in the U.K.

### **PEDERSEN, Carol**

St. Vincent's Hospital, Australia

#### **WHAT'S GOOD FOR THE GOOSE?**

Inappropriate hospitalisation of persons dependant on mood-altering chemical substances can precipitate iatrogenic conditions. Inappropriate hospitalisation for whatever reason contributes to the worrying condition called Financial Haemorrhagic Disease (FHD). FHD related policy outcomes tend to work against those without status in health care systems.

This paper explores a harm reduction strategy which addresses inappropriate hospitalisation and FHD. Data representing 13,881 admission episodes over ten years from a non-medical detoxification unit is presented, and related fiscal and health care policy issues are discussed.

Alcohol detoxification undertaken in a non-medicated setting was introduced in Ontario, Canada in the 1970s. Subsequent evaluation of its role in reducing police detention recidivism was negative, though the process of detoxification was safe and effective. In 1981 a variation of this model, focussed on reducing admissions to hospital for the management of acute withdrawal states, was introduced into a major inner city teaching hospital in Sydney, Australia.

Results indicate that unmedicated detoxification supervised by non-medical personnel is safe and effective, and also cost efficient. The incidence of seizures, violence, hallucinations or DTs was low, as was secondary admission to acute care for the management of complicated withdrawal states. Hospital data indicate that the rate of alcohol withdrawal admissions overall has dropped dramatically in this ten year period. At the same time average length of stay in hospital for selected alcohol related disorders has fallen consistently to a current 3.2 days.

### **PEELE, Stanton**

Morristown, USA

#### **HOW THE DISEASE THEORY IMPEDES HARM REDUCTION APPROACHES**

Stanton Peele, a social epidemiologist and addiction theorist, traces the impact of the major elements of the disease theory of addiction and alcoholism - that addiction is inherited, irreversible, independent of social context, and requires total abstinence - which he finds to be inherently antagonistic to the harm reduction approach. Practical and theoretical considerations surrounding disease-orient-



ed substance-abuse treatment in the US will continue to make it a major source of opposition to harm reduction. He presents an alternative model of addiction which, in addition to making better sense of epidemiologic, pharmacologic, and therapeutic data, also provides good support for harm reduction.

**PERUCCI, Carlo Alberto; DAVOLI, M.; and the WHO multi-city international study group**

Lazio Region Health Authority, Italy

**GEOGRAPHICAL AND TEMPORAL PATTERN OF MORTALITY AMONG**

**INTRAVENOUS DRUG USERS: A WHO MULTICITY INTERNATIONAL STUDY**

Intravenous drug users (IVDUs) are at increased risk of mortality from all causes, mainly overdose, AIDS, infectious diseases and violence. Several studies have been carried out in different parts of the world, but none of them has been designed to allow geographical comparisons. Among different countries there are temporal and geographical variations in drug policies, baseline mortality and drug abuse cultures; the analysis of cross-cultural differential mortality among drug injectors might clarify some aspects of natural history of IVDU and might identify risk factors for IVDUs mortality. This approach might also be helpful for evaluating the impact of different regulatory policies on health status of IVDUs.

The aim of this presentation is to show the preliminary results of the WHO international multicity mortality study of drug injectors. A cohort of drug injectors attending treatment centres has been selected for each participating centre:

	NUMBER OF IVDUS	PERIOD OF RECRUITMENT
ITALY (ROMA, TORINO, CAGLIARI)	15,000	1980-1991
USA (NEW HAVEN)	2,000	1985-1991
SCOTLAND (GLASGOW)	1,200	1982-1992
ENGLAND (LIVERPOOL)	2,500	1980-1991
RUSSIA (MOSCOW)	1,400	1984-1992

Ascertainment of vital status, as of 31 December 1991, has been carried out using standardized procedures; causes of death have been coded using the ninth revision of the International Classification of Diseases. Preliminary results from the overall international study will be presented.

**PERUCCI, Carlo Alberto; DAVOLI, M.; PAPINI, P.; BARGAGLI, A.M.; and ARCA, M.**

Epidemiology Unit, Lazio Region Health Authority, Italy

**EVIDENCE OF INCREASING NUMBER OF INTRAVENOUS DRUG USERS (IVDUs) IN LAZIO, ITALY, 1988-1992.**

To evaluate changes in prevalence of IVDUs in the Lazio region (2,300,000 inhabitants aged 15-44) in 1988-1992, we used multiplier formulae, capture-recapture methods, and routine statistics of treatment centres. The results were as follows:

	1988	1989	1990	1991	1992
OVERDOSE DEATHS	94	131	163	154	*
MDUS IN TREATMENT CTRES	*	*	5,000	8,500	1,100
ESTIMATED # IVDUS (MULTIPLIER FORMULA)	19,100	21,600	23,200	24,100	*
ESTIMATED # MDUS (CAPTURE-RECAPTURE)	17,000	*	*	*	24,600

\* NOT AVAILABLE

Indirect methods such as capture-recapture and multiplier formulae have been proposed and widely used to overcome difficulties in estimating the prevalence of IVDUs. The application of these methods, together with the other available data, may give an overall picture of the phenomenon. In the Lazio region of Italy all methods are consistent in showing an increased prevalence of IVDUs. IVDUs are at a high risk of morbidity and mortality; moreover they have a high prevalence of HIV infection (about 30% in the Lazio region) and represent the reservoir through which the infection spreads to the general population. This evidence supports the urgent need of planning harm-reduction strategies in the region.

**PICARD, Eric; PRIMO, Isabelle; and REISINGER, Marc**

MIDRASH, Belgium

**MEDICAL ETHICS AS A MEANS FOR THE REDUCTION OF RISKS**

Treatments of drug users are often subordinated to administrative demands incompatible with respect to medical ethics (la déontologie médicale). Rules such as the free choice of doctor by the patient, the therapeutic freedom of the doctor and professional confidentiality are flouted. Drug users do not enjoy the same rights as other patients.

Because of this, they hesitate to engage in a therapeutic relation, and when they do it, for a long time they remain suspicious of their doctor, which does little to optimize the relationship's effects on the reduction of risks related to their drugtaking.

Drawing on the experience of MIDRASH, a centre specializing in consultations for young drug users and future parents, we will see how a scrupulous respect for professional confidences, and a refusal to deliver to judicial or other authorities the names or any information on the progress of patients, permits the establishment of a relationship of confidence in the context of which the difficulties encountered in attempts at professional, social, familial or scholastic reintegration can be faced.

### **PHILLIPS, Olive**

D.A.M.S. (Drug and Alcohol Meeting Support for Women), Canada

#### **A MULTI-SERVICE APPROACH TO WORKING WITH HIGH-RISK WOMEN AND THEIR CHILDREN**

See abstract for workshop listed under MICHAUD.

### **PINNEY, John M.**

Corporate Health Policies Group, Inc., USA

#### **REDUCED HARM FROM TOBACCO USE: EXPERIENCE WITH SALES CONTROLS AND COMMUNITY ORGANIZATION**

In the current decade, efforts to reduce the harms of tobacco use in the U.S. and Canada have focused on public policy and tobacco use behaviour. Restrictions on public smoking and smoking at work, enforcement of point of sale laws, increased taxation, and other initiatives, have gained wide acceptance as viable interventions to reduce uptake and consumption of tobacco products, encourage cessation, and protect nonsmokers. The level of activity in the U.S. continues to increase: The National Cancer Institute's ASSIST program, the Robert Wood Johnson Foundation/AMA Smokeless Communities program, the threat of major federal excise tax increases, and other federal legislation are prominent among current harm reduction policy initiatives. The characteristics of these and other policy interventions are discussed. Evidence of the impact of prior policy interventions on key indicators of tobacco

use and harm are also discussed with theoretical, behavioural and political limitations such policies may face.

### **PLANT, Martin**

Alcohol Research Group, UK

#### **CURBING ALCOHOL PROBLEMS: A DISAGGREGATED APPROACH**

Two themes will briefly be highlighted in this presentation. The "U Shaped" Curve: An impressive body of evidence suggests that "moderate drinkers" live longer than either abstainers or heavy drinkers. The implications of this for public policy and for future epidemiological research are reviewed. Does this evidence kill the "Preventive Paradox"? Making the World Safer For/From Drinkers: Some Promising Options: A number of national and local initiatives have led to marked falls in the levels of specific alcohol-related problems. Some of these will be discussed. Such initiatives include Random Breath Testing, local police policies and the use of "safer" glasses in bars.

### **POLAK, Freek**

Municipal Health Service, the Netherlands

#### **MEDICALIZATION IN PROHIBITION AND IN DECRIMINALIZATION**

Prohibition was originally meant to protect society against "the evils of drugs". The past century has made clear that prohibition is harmful to public health. The aims of prohibition can better be attained by other regulatory regimes than by prohibition. In the meantime, however, we must continue to find ways to prevent more harm caused by the evil of drug prohibition. In a repressive system medicalization is only partly favourable - "medicalization" as distinct from medical care, which is a necessity. Medicalization is the unfounded dominance of the medical mode in a certain field.

In this presentation, both the positive and the negative consequences of medicalization are discussed, to clarify which elements of medicalization are worthwhile and promote public health and which elements should be considered dubious and possibly injurious to health. For example, medical distribution of illicit psychoactive drugs to officially dependent people is an important step forward - in a repressive system. In the phase of decriminalization, its function should be remodelled to oiling the transition to drug legalization.



**POLYCH, Carol**

Parkdale Community Health Centre, Canada

**CONCEPT MAP OF THE MEANING OF HEALTH IN THE CONTEXT OF CONTINUING HEROIN USE**

In 1991, the Finally Understanding Narcotics (FUN) group, founded by the writer and consisting of people well established in injecting heroin, completed a topographical concept map using a software package called The Concept System. Central to the concept was the risk to health of overdose and fatal infection associated with the use of an illegal drug and the discounting experienced by the individual due to identification as a heroin addict. Once a visual display of members' understandings of health in their circumstances was presented, members were able to identify key barriers to their ability to achieve good health. Subsequently FUN group members participated in constructing a community-based addictions treatment program proposal and initiated other measures to potentiate good health for themselves and other people who use heroin.

**PORTER, John**

Standing Conference on Drug Abuse (SCODA), UK

**HELPING DRUG USERS IN BRITISH PRISONS - A NEW PROJECT**

What services do UK drug agencies provide to people in prison? Who pays for it? This project aims to answer these questions and provide other useful information to help drug agencies and prisons initiate or develop their work. 400 agencies responded to a postal questionnaire. Initial results indicate that innovative models are being used.

Key issues from this survey will be presented: factors that help or hinder drug agencies' work, how to negotiate with prisons and funders, staff training, developing support systems for workers and the gap between official prison policy and practice. The paper also explores how harm minimisation and HIV risk reduction strategies can be implemented in the extremely restrictive environment of prisons. The information provides insights which may assist agencies in other countries to begin prison work or develop existing services.

**PORTER, Judith; BONILLA, L.; DRUCKER, E.; HAMMOND, J.P.; and LAX, L.**

Bryn Mawr College, USA

**CRACK PARAPHERNALIA, HIV RISK, AND HARM REDUCTION**

Harm reduction programs have not paid sufficient attention to methods used to smoke crack and their relationship to the risk of HIV transmission. We investigated the relationship between crack smoking methods and lip injuries which can increase the probability of HIV infection through exposure to blood on shared crack stems and through oral sex. We identified subgroups especially likely to engage in high risk crack smoking patterns and investigated the perception of crack smokers about the potential risk of HIV transmission through smoking crack.

153 crack smokers at a needle exchange program were surveyed with a questionnaire that elicited both qualitative and quantitative data. Both metal and glass stems create lip injuries; however, frequency and type of injury differ, with metal stems creating somewhat more frequent injuries and more burns. There is a pattern of high risk behaviour, involving lip injuries, sharing stems, and unprotected oral sex. Whites, young smokers, the HIV+, and female prostitutes are especially likely to engage in this high risk crack smoking behaviour, with males and females exhibiting somewhat different patterns of risk. There is a perception among many crack users that crack smoking practices resulting in lip injuries may place them at risk of HIV infection.

Those who experience lip injuries more often use metal stems, share pipes, and report unprotected oral sex. Harm reduction programs should consider distributing tips for crack stems, as well as providing harm reduction information to reduce the risk of HIV transmission to crack smokers.

**POTTS, Tim**

Alexander Park Community Health Centre

**NEEDLE EXCHANGE IN TORONTO — EXPERIENCES AND CHALLENGES**

See workshop abstract listed under HOPKINS.

**POWIS, Beverly; GRIFFITHS, Paul; STRANG, John; and GOSSOP, Michael.**

National Addiction Centre, UK

**DIFFERENCES BETWEEN MEN AND WOMEN HEROIN USERS: THE INFLUENCE OF ROUTE, TREATMENT STATUS AND SEXUAL PARTNERS.**

There is a lack of a comprehensive research literature focusing on patterns of illicit drug use amongst women. This may be partly due to women forming the minority in most treatment samples. It is unclear whether this is due to disadvantaged access to treatment or lower numbers of women drug users per se. This paper will present data on the difference between male and female heroin users interviewed in the community. Marked variation existed between the men and women across a broad range of characteristics. Women are younger, using less heroin, and had been using for a shorter period of time. They were more likely to use by 'chasing the dragon' than their male counterparts. Among the heroin chasers interviewed, a 50/50 ratio between men and women was found.

Women's drug use was far more likely than men's to be influenced by the drug use of the sexual partner. Forty six percent of women injectors for example were initiated into injection by their sexual partner, compared to only nine percent of men. The presentation will discuss the implications of such differences for harm reduction strategies aimed at both clinical and non-clinical populations.

**R**



**REINARMAN, Craig**

University of California, Santa Cruz, USA

**DETERMINANTS OF DRUG POLICY: THE FATE OF THE COMMISSIONS**

An inquiry into what happens to the recommendations of commissions on drug policy. Speakers will provide an international perspective on the nature and fate of drug commissions in Australia, Canada, Scandinavia and the United States of America. Speakers will also provide an overview of the current state of drug policy in their respective countries and comment on possible future directions. Speakers in this session include: Robert Solomon, Peter Cohen, Pia Rosenqvist, Richard Bonnie, and Craig Reinarmann (commentator).

**REUTER, Peter**

University of Maryland, USA

**ALTERNATIVE DRUG CONTROL REGIMES AND THEIR ASSESSMENT**

This paper attempts to provide a systematic taxonomy of the regimes that may be used to control the use of psychoactive substances, providing a discussion of the likely circumstances under which each regime might be adopted. The second part of the paper presents a schema for assessing the success of alternative regimes (nature of harm or cost, who bears it, the source of the harm) and identifies those characteristics of the substance (pharmacology, production technology, user characteristics) that are likely to affect what is the optimal regime, emphasizing the strong influence of history in that decision frame. Finally, it concludes that there is a very weak knowledge base for making choices in even a moderately informed manner.

**RHODES, Tim; and QUIRK, Alan**

Centre for Research on Drugs and Health Behaviour and Westminster Medical School, UK.

**SEXUAL RISK AND SOCIAL CONTEXT: 'RISK' AND EVERYDAY DRUG-USING LIFESTYLES**

This paper reports on findings from an ongoing qualitative study investigating sexual risk, sexual negotiation and health behaviour among drug users and their sexual partners. Depth interviews with injecting and non-injecting users of opiate and stimulant drugs indicate the limitations of conventional epidemiological notions of 'risk' and of 'risk-taking' in sufficiently describing the health behaviour of drug users. Qualitative findings show drug users' perceptions of risk acceptability and risk susceptibility associated with everyday drug-using lifestyles. Findings also indicate that drug users' attempts to manage risk in their everyday lives are influenced by a range of social factors in addition to individual knowledge, beliefs and behavioral intentions.

It is argued that current harm reduction research and intervention remains constrained by the limitations of conventional epidemiological explanations of risk and of health behaviour. If harm reduction intervention is to be effective in removing the obstacles to sexual behaviour change, then future research and intervention needs to sufficiently understand risk in the context of the social realities of drug-using lifestyles.



**PASSOS, Sonia Regina; RIBEIRO, Isabela  
(presented by I. Ribeiro)**

NEPAD - Center for Research on Assistance to  
Drug Abuse, Brazil

**COCAINE DEPENDENCE: A STUDY OF CASES IN RIO DE JANEIRO**

The paper offers a description of experiences in assisting cocaine addicts, and describes co-morbidity and outcomes when employing psychoanalytic versus anti-depressive drug therapy. The medical records of a random sample of outpatients at NEPAD from August 1992 to August 1993 were reviewed.

Our patient population is made up mainly of male patients (90%), in their third to fourth decade of life, who have been on cocaine for >4 years. They tend to be unmarried, unemployed, to come from low income backgrounds, and to have had limited formal education. Simultaneous diagnoses made in these patients include depressive disorder (20%), borderline personality disorder (10%), paranoid disorder (5%) and alcohol abuse or dependence (20%). We found a low compliance with treatment, with 48% coming to us only once and then abandoning treatment, and 52% attending three sessions of therapy or more. In the latter group, the majority complied well with anti-depressive medication.

The diagnostic diversity in patients points to the necessity of differentiated treatment. Anti-depressive drugs seem to enhance compliance but further controlled clinical trials must investigate this possibility.

**RIHS-MIDDEL, Margaret**

Swiss Federal Office of Public Health, Switzerland

**MEDICAL PRESCRIPTION OF NARCOTICS IN SWITZERLAND:****BASIC ISSUES AND RESEARCH PLAN**

In accordance with the dictates of the Swiss Federal government, a multicentric clinical research design has been set up in order to analyze the long term effects of the medical prescription of different narcotics (heroin, morphine, and methadone) in 700 long term drug addicts with signs of severe social detachment. The following dependent variables are considered: health status, risk behaviour, multi-drug use, psychological well being, social integration, delinquent behaviour and work capacity. The trials are scheduled to take place in eight Swiss cities. An outline of the drug policy of the Swiss government focussed on demand reduction, health protection and harm reduc-

tion will be presented, along with a brief description of the rationale of the trials and of the research plan.

**RILEY, Diane**

AIDS Network of Toronto and Canadian Centre on  
Substance Abuse, Canada

**DRUG USE AND THE CORRECTIONAL SYSTEM: A HARM  
REDUCTION APPROACH**

The link between drug use and crime is complex and highly politicized. Although the nature of the causes and the direction of causality are unknown, it is true to say that substance abuse is associated with a criminal lifestyle. The very nature of the criminal lifestyle and the stressors and risk-taking inherent in it suggests that alcohol and other drugs would be an important factor as both an accompaniment or facilitator of the crime and as a way of coping with the consequences of the lifestyle. There is also a relationship between drug use and crime in that a number of users commit crimes in order to pay for their drugs.

The increasing numbers of drug users imprisoned over the last twenty years means that prisons are the single largest response to the drug problem in most countries. Canada has the dubious honour of having the highest number of drug arrests per capita of any nation other than the U.S., and a significant number of these arrests end up in either Federal or Provincial correctional facilities, where drug use often continues or may even begin.

This paper examines the relationship between drugs and HIV/AIDS in prisons and makes several recommendations pertaining to correctional institutions in particular and to the criminal justice system in general.

**RÖNNBERG, Sten; ÖBERG, David; STENSTRÖM, Nils;  
and TORKIL, Moestrup**

Stockholm University and Malmö General Hospital, Sweden

**PERSPECTIVES AND DATA FROM THE SYRINGE EXCHANGE PROGRAM  
IN MALMÖ, SWEDEN**

Syringe exchange programs may be interpreted both from a clinical and a drug policy context. The pros and cons of a syringe exchange programs are discussed in the light of empirical data from 932 intravenous drug abusers in the 1992 syringe exchange program in Malmö, Sweden.

Intravenous drug addicts are probably more heterogeneous than is usually reported. Many subgroups of drug addicts can be seen in the syringe exchange program in Malmö, e.g. recreational users and skid row addicts. Different subgroups of drug addicts use the syringe exchange program differently, e.g. women heroin addicts use the facilities of the syringe exchange program the most. The effects of the program varies for different subgroups.

### **ROOM, Robin**

Addiction Research Foundation, Canada

#### **HARM REDUCTION AND THE W.H.O. EXPERT COMMITTEE ON DRUG DEPENDENCE**

Twenty years ago, the 20th Expert Committee on Drug Dependence of the World Health Organization adopted a broad perspective on strategies for reducing alcohol and drug-related problems, a perspective that might now be described as a harm reduction approach. The recently-released report of the 28th Expert Committee, the first since the 20th to consider in a broad perspective means of reducing drug problems (including tobacco as well as alcohol), adopted an approach explicitly in terms of harm reduction. A number of cross-currents flowed together in this broad framing, among them: bringing to bear the experience of nonmedical and non-criminal drug control structures for tobacco and (particularly) alcohol; pressure for "rational drug use" policies from interests concerned with the underprescription of opiates for cancer-related pain; and an openness to including human rights issues in a public health perspective — an openness which came under attack at the 1994 WHO Executive Board meeting.

It is almost 20 years since Kettil Bruun and colleagues published a study of the international control structures for drugs and alcohol (The Gentlemen's Club). How far the interplay of interests described by Bruun and his colleagues have changed is considered in the light of the process of the 28th Expert Committee.

### **ROSENBACH, Alan; and HUNOT, Vivien**

Substance Misuse Services, Mid-Downs Health District, U.K.

#### **FROM A NON-OPIATE TO AN OPIATE PRESCRIBING PROGRAMME FOR HEROIN USERS: IMPLICATIONS FOR HARM REDUCTION**

In 1990, a National Health drug treatment service with a long standing non-opiate prescribing policy began to prescribe oral methadone to problem opiate users, in addition to the counselling that has always been provided. The present study aimed to assess and evaluate the implications of this policy and care delivery change in terms of defined harm reduction variables in two client groups, that is, the pre-methadone prescribing/counselling and post-methadone prescribing/counselling cohorts. The data was obtained from personal interviews and case record material abstractions.

It became evident from analysis of the data that offering oral methadone had not resulted in substantially increased numbers of opiate users presenting to the Service. However, those users who did present and engage into the Programme have remained in treatment for a greater length of time and on a more consistent basis than opiate users in the pre-methadone prescribing period. More consistent and longer-term treatment contact has been found to significantly reduce personal harm in the methadone prescribing/counselling client group. These findings are discussed in the broader context of how much further treatment policies should go in terms of prescribing/counselling programmes to reduce harm.

### **ROSENBAUM, Marsha**

Institute for Scientific Analysis, USA

#### **THE MARGINALIZATION OF METHADONE MAINTENANCE: THE 1970'S AND 1980'S**

The institution of methadone maintenance as a treatment modality for heroin addiction in the mid-1960's was part of the growing medicalization of social problems in the United States. The definition of deviance as sickness rather than badness set the stage for this first harm reduction attempt. By the 1970's methadone maintenance was seized upon as a way to cut drug-related crime, and federally-funded programs proliferated. Accompanying methadone's phenomenal expansion was increased regulation, bureaucratization and criticism.

The early 1980's brought the Reagans, fiscal austerity, the new "just say no" morality, and the de-medicaliza-



tion of methadone maintenance. By the mid-1980's, when needle-use was recognized as a major contributing factor in the spread of HIV, methadone had been transformed into a largely fee-for-service, short-term, begrudgingly tolerated treatment modality. Thus, while other countries were able to use methadone to curb the spread of AIDS, the US refused to facilitate its expansion. To the frustration of proponents, this original harm reduction tool, with the potential to impact the epidemic, remains marginalized.

### **ROSENBERG, Harold; and DEVINE, Eric**

Bowling Green State University, USA

#### **ACCEPTANCE OF MODERATE DRINKING BY ALCOHOL TREATMENT SERVICES IN THE U.S.A., U.K. AND CANADA**

The purpose of this series of studies was to assess the acceptance of moderate drinking (also called controlled or harm-free) drinking in light of continued research and debate on the frequency, stability and predictability of moderate drinking by alcoholics and problem drinkers. Data from three recent nationwide mail surveys (response rates >60%) of British, American and Canadian alcohol service agencies will be presented to compare the three countries on the acceptability of moderate drinking, the proportion of clientele perceived as appropriate for moderate drinking, client characteristics used to assess suitability for moderate drinking, and bases for accepting and rejecting moderate drinking. One implication of the results, which found that acceptance varies widely by country and by type of service, is that the acceptance or rejection of harm-free drinking by alcohol treatment providers results from a combination of cultural, economic and historical factors.

### **ROSENQVIST, Pia**

Nordic Council for Alcohol and Drug Research, Finland

#### **IS THERE A FUTURE FOR THE COMMISSIONS?**

Seen in a cross-cultural perspective the Nordic countries pursue similar drug policies: a heavy reliance on the criminal system and police enforcement down to the level of the users. Opinion polls in these countries give vast support to the present system. The details of the plots in the narcotics control play have varied between the Nordic countries. Usually, however, the social regulation of drugs

including alcohol during this century has been based on the work of parliamentary or other broadly assembled commissions representing a variety of expertise and political and moral values.

This system seems to have changed now in the Nordic countries. The paper focuses on two commissions in two different situations: a Finnish one from the late 1960s and a Swedish one from the early 1980s. Both were preoccupied with the question of how to deal with the use of drugs. Should drug use as such be included as a narcotics offense in the penal code or should it be regarded as exclusively private behaviour, not affecting others or the rest of society?

The Finnish commission represented the old broad type of commission which managed to realize its recommendation (criminalizing use) even if the government opposed it. The modern swiftly-working Swedish commission was the outcome of social democratic promises made during an election campaign. The commission was historic in not recommending criminalization of the use itself. Some years later use of drugs was criminalized anyway. The drug question seems to be more (party) politicized in the Nordic countries than earlier. The competition for votes favours those who promise "a drug free society" and "the will and the ability to intervene", i.e. harsher means.

### **RUSSELL, Marcia; TESTA, Maria; and EIDEN, Rina**

Research Institute on Addictions, USA

#### **REDUCTION OF HARM RELATED TO ALCOHOL AND DRUG USE DURING PREGNANCY**

Harm to offspring can be reduced by: (a) reduction of risky drinking and other drug use during pregnancy or (b) reduction of the likelihood of pregnancy among risky drinkers and drug users. Health of offspring is often considered the responsibility of prenatal care providers, who rely heavily on approach (a). However, heavy substance abusers may not seek prenatal care; those who seek prenatal care may have difficulty reducing their substance abuse; and even if substance use can be lowered, fetal damage may already have occurred. Given these limitations of (a), approach (b) may be more effective in reducing harm related to alcohol and drug use during pregnancy. Literature on approach (b) will be reviewed for examples and discussion of issues influencing their feasibility, cost, and effectiveness.

**RUSSELL, Marcia; and CHAN, Arthur W.K.**

Research institute on Addictions, USA

**SCREENING FOR HAZARDOUS DRINKING AS AN APPROACH TO HARM REDUCTION — poster**

Most alcohol-related harm in the general population is experienced not by those who are alcohol dependent but by a larger group of people with hazardous or harmful drinking. Early detection of hazardous/harmful drinking before dependence and other serious problems have occurred can lessen the risk of harmful consequences of heavy alcohol intake. Early detection coupled with a brief intervention thus constitutes a new approach to the prevention, management, and reduction of alcohol-related problems. The brief intervention can include information on the deleterious effects of alcohol, strategies to reduce alcohol intoxication or its potential consequences, and treatment resources. This approach can be conducted profitably with the following populations: general hospital patients; trauma patients; DWI offenders; psychiatric patients, patients seeing private doctors; prisoners. The primary health care setting is ideal for the implementation of the early detection/intervention strategy, especially since the prevalence of harmful drinking is expected to be high among patient populations. Although doctors are in a unique position to conduct early detection, they often underdiagnose drinking problems in their patients. Therefore, educational as well as promotional efforts are needed to convince doctors to adopt the screening strategy as part of their clinical routine. In the past most of the screening tests were developed to detect alcoholism, and they lacked the necessary sensitivity for the early detection of harmful or hazardous drinking. More recent research has shown that the 10-item Alcohol Use Disorders Identification Test (AUDIT) and the 5-item TWEAK (Tolerance; Worry about drinking; Eye-opener or Morning drinking; Amnesia from drinking; c(K)ut down on drinking) can be used effectively to detect harmful drinking as well as alcoholism. the AUDIT has been tested in primary health care settings in different countries. The TWEAK has been tested in pregnant women, hospital outpatients, samples of the general population, and alcoholics in treatment. Both tests are at the stage that extensive field testing is warranted. Issues that need to be investigated include: (a) the effectiveness of the screening instrument when it is administered by doctors/nurse practitioners or when it is self-administered by patients; (b) ways to convince the medical community to adopt the test(s); (c) whether patients should be charged for the test just as they would be

charged for other clinical tests; and (d) the economic and social impacts of early screening and intervention.

**RYAN, Terry**

Royal Canadian Mounted Police, Canada

**CANADIAN ENFORCEMENT STRATEGIES AND HARM REDUCTION**

An international and national overview of the drug problem will be presented, along with a discussion of specific Canadian enforcement strategies with respect to the targeting of importation and trafficking sources relevant to Canada. The Canadian enforcement concept is a cooperative approach, with the department of national defence, Canada customs and other provincial and municipal police services working with the RCMP.

For harm reduction in policing, a balance between enforcement and demand reduction must be struck. This balance includes elements of enforcement, anti-drug profiteering and drug awareness, as well as the possibility of diversion.

**S**


**SANCHEZ-CRAIG, Martha**

Addiction Research Foundation, Canada

**TELEPHONE INTERVENTION FOR ALCOHOL PROBLEMS**

Self-help books have been developed for many health problems, including excessive drinking. A meta-analysis showed that self-administered treatments (described in manuals or tapes) have proved superior to controls, and as effective as therapist-administered treatments. Our aim is to develop a cost-effective intervention by providing a self-help book (Saying When), with and without an initial telephone assessment, to people intending to reduce their drinking on their own. The contribution of the initial assessment will be evaluated.

Participants are recruited in urban and rural communities via advertisements. Applicants are screened for symptoms of severe dependence, problems with other drugs, and acute crisis. Those selected are mailed the self-help book; on a random basis, half of them undergo a 30-



minute assessment over the telephone. Both groups and collaterals are followed at three and 12 months. Reductions in hazardous drinking and alcohol-related problems reported at the first follow-up are presented.

### **SCHNEIDER, Angela; and BUTCHER, Robert**

University of Western Ontario, Canada

#### **THE POINTLESSNESS OF PERFORMANCE-ENHANCING DRUG USE IN SPORT**

Attempts to minimize the harm caused by the use of performance-enhancing drugs in sport have tended to follow predictable patterns: tighter enforcement and harsher penalties at one end and medical supervision and needle exchanges at the other. The use of performance-enhancing drugs in sport is, however, interestingly different from other forms of drug use, and, as a consequence, requires different approaches. We will argue that the use of performance-enhancing drugs in sport is both pointless and self-defeating.

Sports are artificial constructs: games, where the most efficient means of achieving some goal is avoided in favour of something more difficult. Skill in sport is demonstrated in achieving the goals of the sport in the most expeditious manner permissible. The pleasure of sport comes primarily from the exercise of skill. Performance-enhancing drugs do not improve skill but merely create an advantage over an opponent who does not dope. As such the use of performance-enhancing drugs is pointless and self-defeating.

### **SEDEFOV, Roumen**

Psychiatry of Addictions Clinic, Bulgaria

#### **HEPATITIS INFECTION AMONG I.V. DRUG USERS AND HARM REDUCTION STRATEGIES**

The traditional health approach in Bulgaria usually aims to reduce the harms connected with the social behaviour of drug users. In a biological context, the treatment of withdrawal seizures is the only goal. Testing for HIV is a routine process but the tests for hepatitis B, C, and D are done only if indicated.

The task of this study is to find out the percentage of hepatitis infection among all i.v. drug users seeking treat-

ment in a certain period of time and to make an attempt to explain the findings in connection with patterns of drug use. Some ideas for harm reduction activities in this direction are proposed.

### **SHERWOOD, Ian; and HOGG, Alison**

Avon Drug Problem Team, UK

#### **METHADONE OUTREACH TO HIGH RISK ITINERANT NOMADIC IDU'S**

The appearance of a nomadic "Counter Cultural" social group, known as "Travellers", in the U.K. in the 1980s coincided with increased unemployment, homelessness and drug use in the general population. Regular confrontation between police, landowners and travellers restricted the availability of parking sites, resulting in short term severely overcrowded and unsanitary living conditions with endemic injecting drug use.

The authors describe the outreach efforts undertaken by a Methadone Clinic with a group whose values challenge most social norms and whose nomadic lifestyle is the subject of prohibitive government legislation. An account is given of the problems faced by the Nurse Practitioner who outreached this group. The interventions used to facilitate entry into Primary Health Care and Specialist Treatment are described and the challenge to clinical policy is discussed. Comparison data on the attraction and retention of this group before and after outreach will be presented.

### **SIEGEL, Loren**

American Civil Liberties Union, USA

#### **VANQUISHING THE PREGNANCY POLICE**

Of the countless repressive and constitutionally questionable tactics employed by the U.S. government in its pursuit of the war on drugs, the criminalization of poor women for ingesting drugs during pregnancy will surely go down in history as one of the most misguided and cruel. During the late 1980s, as the spectre of hundreds of thousands of "crack babies" haunted the American political landscape, more than 200 criminal prosecutions were initiated against women in almost twenty states.

This presentation will examine and critique the prosecutorial strategies that were brought to bear against the victims of the "pregnancy police", describe the counter-of-

fensive launched by the ACLU and other civil rights groups, and update the conference on recent legal developments.

### **SILVERMAN, Gloria**

Addiction Research Foundation, Canada

#### **THE SECONDARY SCHOOLS HIGH RISK YOUTH PROJECT**

The Secondary Schools High Risk Youth Proposal was initiated to develop and evaluate a model program for identifying and assisting students at the Grade 9 level (i.e., in the first year of secondary school) who may be at risk for problems related to alcohol and other drug use, and other psycho-social problems such as dropping out of school and violent and other anti-social behaviour. The goal of the model program is to help students avoid or reduce their risk of experiencing these problems. A screening process to identify students at risk, and programmatic interventions for students, parents and school and community personnel have been developed and pilot-tested.

The implementation phase of the proposal involved the evolution of a complex partnership between school boards, The Rotary Club, The Donwood Institute and the Addiction Research Foundation. The project provided an opportunity to effectively match the skill, expertise, and resources of each partner. Key issues and resolutions will be shared.

### **SINGLE, Eric**

Canadian Centre on Substance Abuse (Canada)

#### **TOWARDS A HARM REDUCTION APPROACH TO ALCOHOL PREVENTION**

The trend toward harm reduction in illicit drugs is closely paralleled by a similar trend in alcohol prevention toward measures aimed at reducing the consequences of heavy drinking occasions. Harm reduction approaches to alcohol are compared to traditional approaches to the prevention of alcohol problems. Examples of harm reduction approaches to alcohol are discussed, including measures to reduce non-beverage alcohol consumption by skid-row inebriates, measures to reduce intake of alcohol by drinkers (e.g. promotion of low-alcohol beverages, server training programmes) and measures to reduce the consequences of intoxication. Increased attention is likely to be given to such prevention measures, which focus on preventing problems associated with drinking rather than restricting

access to alcohol. Public support for controls over the availability of alcohol will continue to decline, as evidence regarding the potential benefits of moderate consumption becomes more widely publicized. Further, there is growing evidence, albeit qualified, of the effectiveness of environmental controls. Finally, the trend to harm reduction approaches for alcohol is supported by evidence that it is more effective to target heavy drinking occasions rather than level of drinking in prevention programming. Data from a recent national survey in Canada indicate that the number of heavy drinking occasions is a better predictor of alcohol problems than an individual's overall level of consumption.

### **SISKO, Bob**

International Coalition for Addict Self-Help (ICASH), USA

#### **IBOGAINE AND HARM REDUCTION**

The addiction interrupter Ibogaine, currently in clinical evaluations, holds promise as an effective tool for achieving harm reduction goals. The treatment is rapid, cutting detox time from 30 to 7 days. Treatment capacity could theoretically quadruple without adding a single bed. Increased treatment availability is a harm reduction goal.

Ibogaine eliminates the suffering and pain normally associated with narcotic withdrawal. Alleviating the agony of withdrawal is a worthy harm reduction goal. With a pain-free detox option, addicts would no longer view treatment with fear and trepidation, and would more readily seek treatment. Encouraging addicts into treatment is a harm reduction goal. The interruption of intravenous drug use among addicts would reduce HIV transmission. Curbing the spread of AIDS is a harm reduction goal.

With Ibogaine, the medical establishment will, for the first time, have the ability to provide users with meaningful treatment on demand, fulfilling another harm reduction goal.

### **SKINNER, Wayne; CAVALIERI, Walter; POLYCH, Carol; and COREA, Larry.**

Addiction Research Foundation; Parkdale Community Health Centre, Canada

#### **THE DIALECTICS OF HARM REDUCTION IN A METROPOLITAN COMMUNITY: A NARRATIVE WITH MANY VOICES**

In recent years, there has been an increase in heroin use in



Metropolitan Toronto. This has been accompanied by a dramatically increased demand for addictions treatment, especially methadone treatment, to which funders and programmers have been slow in responding. This workshop will be a case study of the Parkdale community in south-west Toronto and of attempts to introduce (and to corresponding efforts to resist) harm reduction services for the considerable drug-using population that either reside or frequent that area. Initial efforts at providing needle exchange services were supported by the public health department and introduced at the Parkdale Community Health Centre, producing opposition among some strong-voiced community members who were intent on "taking back" the neighbourhood from street people and the more socially-marginal residents of the area. The success of the needle exchange led to the formation of a users' support group and from there to the recognition of the need for a methadone treatment program for opiate users. At the same time, the Addiction Research Foundation was attempting to find community partners to work with to extend the available methadone services in Toronto, co-sponsoring with Parkdale Community Health Centre a proposal to establish an addiction treatment service for the Parkdale community which was eventually funded by the Ministry of Health.

This workshop will employ a range of voices to narrative this chronology in ways that will identify the key issues in initiating harm reduction programming at the local community level, identifying the barriers and challenges that were present, and the strategies and processes that have allowed these initiatives to proceed and develop. Individuals involved in the process will provide narrative perspectives from the points of view of the drug user, the addiction treatment client, the community health centre, the provincial addictions research agency, the ministry of health, and the newly emerging local addictions program. If dialectic - the contest between opposing forces that leads to new possibilities (and new conflicts) - is the theme of these community-based harm reduction efforts, then dialogue is the intention of this workshop. First of all, dialogue among those involved in the harm reduction effort; then, a dialogue between the presenters and the workshop participants. The use of audio-video tools is planned to facilitate presentation of material in this workshop.

### **SMART, Reginald G.**

Addiction Research Foundation, Canada

#### **STREET YOUTH AS A HARM-REDUCTION PUZZLE**

Street youth are a heavy drug-using group with many social and psychological problems. They represent a challenge to harm reduction theorists in that they engage in many illegal behaviours and also require many treatment and prevention programs. Street youth are frequently involved in minor crime and socially undesirable behaviours such as vagrancy, panhandling and prostitution. In many countries street youth have been the victims of police and vigilante squads, probably because of their criminal behaviour and visibility on the street. This paper uses data from two street youth studies in Toronto to outline a harm reduction approach for street youth. These studies show the involvement of street youth such as depression, panic and anxiety, untreated drug abuse problems and homelessness. A harm reduction approach would involve increasing treatment levels for drug abusers, providing more opportunities to leave the street and reducing the need for acquisitive crime.

### **SMITH, Diane Champion**

Kaiser Youth Foundation, Canada

#### **"STEP BY STEP" TO HARM REDUCTION**

If "harm reduction" is going to be an effective approach in dealing with the harmful consequences of drug use, it is essential that not only policy-makers, enforcement personnel, health professionals, government agencies and educators be actively involved, but also those affected by the results of abuse - parents, family members, neighbours, employers, colleagues, and the most important of all - our young people.

How do you involve people at a community level? How do you develop confidence in their ability to bring about change? How do you provide them with some basic understanding and guidelines? In 1992, the Kaiser Youth Foundation developed an easy-to-use handbook that was designed to help groups plan and carry out substance abuse prevention programs in their communities.

This interactive workshop will allow participants an opportunity to explore how the experiences of the development of "Step by Step: A Prevention Handbook on Alcohol and Other Drug Use" may assist them in involving their community in "harm reduction strategies." The prob

lems encountered and the experiences learned from the process of involving a wide range of community individuals and groups will be shared with participants. The different stages of development and the activities that took place in order to ensure involvement and ownership of all community groups will be highlighted.

### **SOBERÓN GARRIDO, Ricardo**

Comision Andina de Juristas, Peru

#### **DRUG TRAFFICKING, COUNTERNARCOTICS AND HUMAN RIGHTS VIOLATIONS**

The countries of the Andean Region make up one of the most disturbing areas in the process of cocaine - and now heroin poppy - trafficking. Drug trafficking has now spread to other countries, namely Venezuela, Brazil, Ecuador and Chile. Since the 1980s, the issue has been the cause of major concern in the United States and for the United Nations, which have made unavailing efforts to halt the growth of the international traffic.

Current anti-drug strategies in the region are the legacy of drug control measures established in 1909, which received a boost from 1988 onwards with attempts to establish an international mechanism to fight drug trafficking. Emergency penal laws were passed, together with stringent police and judicial measures and harsh prison sentences specifically for drug-trafficking cases. The Latin American armed forces were also involved in anti-drug operations. Results have not been positive, a fact recognized even by those responsible for implementing the strategies.

The different stages of the drug economy have profited from structural and institutional deficiencies in the coca, marihuana and heroin poppy growing areas. The economic adjustment programmes and state apparatus reforms recommended by the International Monetary Fund and the World Bank have been disastrous for the producer countries' agriculture and exports, directly leading to the spread of drug trafficking in the region.

This is the outcome of world anti-drug strategies, and it contains serious violations of various human, individual and collective rights guaranteed by international law and especially by United Nations agreements and treaties: particularly civil liberties, individual rights, constitutional rights, the right to development, etc.

This paper will explain the contradictions between human rights standards and international obligations in the

fight against drugs, in terms of the application of United Nations regulations in the Andean Region countries.

### **SOLOMON, Robert**

University of Western Ontario, Canada

#### **CANADIAN DRUG REFORM: FINDING NEW WAYS TO MAKE BAD LAWS WORSE**

The Le Dain Commission explicitly acknowledged that drug policy should seek to minimize the total social and personal harms attributable to both illicit drug use and government efforts to control it. The Commission produced a wealth of research and established drug policy as a legitimate field of academic inquiry.

While the Commission's work influenced police, prosecutors and judges to exercise their discretion more humanely, it had little impact on Canadian drug law. The fault lies squarely with the federal drug bureaucracy and with the various health and addictions agencies that accepted and often vigorously defended the status quo.

If the proposed Psychoactive Substances Control Act is any indication, there is little reason for optimism about meaningful drug reform in the near future. The Act, which died in Parliament before the last federal election, created more problems than it solved, and was even more impenetrable than the existing drug law. More importantly, the proposed Act was predicated on a drug mythology that the Le Dain Commission's work should have laid to rest almost 25 years ago.

### **SORGE, Rod; and HARLOW, Ruth E.**

American Civil Liberties Union AIDS Project, USA

#### **NEEDLE EXCHANGE REGULATIONS AS IMPEDIMENTS TO HARM REDUCTION**

As needle exchange (NE) in New York becomes increasingly institutionalized, state policies have developed that stem from two counterproductive premises: (1) users cannot be trusted and (2) users cannot significantly contribute to increased harm reduction practices among their peers. Although NE has expanded here, prohibitions on "secondary distribution" (including caps on needles exchanged), on active NE workers handling injection equipment, and on other aspects of potential user involvement



all interfere with maximally-effective harm reduction. These restrictions limit the public health impact of existing NEs; compromise opportunities for peer education, diffusion of beneficial injection hygiene norms, and planned drug use; reinforce negative stereotypes about drug users; and obfuscate the need for total decriminalization of injection equipment. The New York regulations tend toward the social control of drug injectors. We propose an approach that takes greater advantage of users' skill and connections, and that embraces total abolition of legal restrictions on injection equipment.

### **SPEED, Sean**

Wirral Drug Service, UK

#### **CAN HARM REDUCTION BECOME A DESTRUCTIVE FORM OF COLLUSION?**

The Wirral Drug Service provides safer injecting advice to hundreds of injecting drug users (IDUs). Safer injecting advice has to be specific, relevant to local injecting rituals and provided on a regular basis. Inevitably, difficult dilemmas arise and contentious decisions are taken. What is the responsibility of a drug worker when a IDU is injecting into the groin, injecting oral Methadone or injecting tablets such as Temazepam? A fine line exist between assisting drug users to stay healthy and colluding with them to harm themselves.

This workshop will examine how harm reduction strategies transfer into practical issues. It will enable participants to consider where the professional boundaries of advice giving should be set. A detailed presentation of objectives, standards and audit material relevant for drug services will also form part of the workshop.

### **STEPHENSON, Robert**

U.S. Public Health Service, USA

#### **OVERVIEW OF THE DEVELOPMENT OF HAIR ANALYSIS**

This presentation will describe the method of hair analysis, and review its various current applications. Relevant research currently being supported by the U.S. government will be described, and an update on the use of hair analysis in the criminal justice arena will be provided.

### **STERN, L. Synn**

ECHO Project and University of Connecticut, USA

#### **RETHINKING JACK BLACK'S PROPHECY: THE INTERVIEW INSTRUMENT AND THE VALIDITY OF DATA**

"His business consisted largely of asking questions and necessarily he acquired much misinformation" - Jack Black, *You Can't Win*, 1926.

Research being an undeniably important tool to those of us wishing to study, practice, or merely entertain ourselves in the drugs field, and the interview being the cornerstone upon which the result of much behavioral research is based, it is shocking to consider how little finesse often goes into the construction or adoption of interview questions and instruments.

In this presentation, some more commonly used interview questions will be examined and the (deductive) format of these will be compared with an arguably more practical and valid (inductive) format. To support this thesis, the results of a small research project comparing the ability of both formats will be presented, and finally, recommendations for interview development will be made.

### **STERN, L. Synn**

Windham Regional Community Council, USA

#### **PREP, SELECT AND INJECT: A "HOW TO" WORKSHOP**

Despite the economy and popularity of the intravenous route of (recreational) drug administration; despite the interest the AIDS epidemic has stimulated in injecting equipment and behaviours; and despite the fact that this route of drug use is fraught with risks well beyond those of HIV and/or overdose, the advice offered to injectors is too frequently limited to avoiding one or the other potential danger.

In this workshop, an overview of anatomy and physiology relevant to needle drug use will be presented and participants will have the opportunity to closely examine the steps and tools of injection. Finally, methods by which the (generally technique-related) risks of injection can be minimized or avoided will be discussed.

This workshop will be of interest to those wishing to broaden a minimal knowledge or understanding of the mechanics of drug injecting, and the experienced hand alike.

**STOCKWELL, Tim**

National Centre for Research into the Prevention of  
Drug Abuse, Australia

**HARM REDUCTION AND LICENSED DRINKING SETTINGS**

The effective regulation of licensed drinking settings has an enormous, though largely unrealised, potential for reducing alcohol-related harm. There is evidence that a disproportionate amount of acute alcohol-related harm occurs following drinking on licensed premises. The stated objectives of liquor licensing laws in various countries increasingly make reference to harm-reduction. Our understanding of the means by which this objective can be achieved is, however, at an early stage and there is an urgent need for more research and resources to be directed into this area. A brief overview is given of the various factors which appear to increase the risk of problems of intoxication and which are amenable to influence by the enforcement of relevant legislation. A distinction is made between those factors which appear to increase risk by encouraging over-consumption (cheap drinks, drinking competitions, indiscriminate service) and other situational and structural risk factors (glass containers, over-crowding, limited late-night amenities). It is argued that there need to be both positive and negative incentives for owners and managers of licensed premises to adopt harm-reduction policies. The case is made for a degree of external control and regulation of liquor outlets to minimise the worst excesses of a highly competitive market-place. Clear, simple and fair laws reinforced by enforcement strategies guided by Deterrence Theory are recommended as key components of a comprehensive alcohol harm-reduction strategy.

**MIDFORD, Richard; and DALY, Alison  
(presented by T. Stockwell)**

National Centre for Research into the Prevention of  
Drug Abuse, Australia

**DECRIMINALISATION OF PUBLIC DRUNKENNESS IN WESTERN  
AUSTRALIA: HAS IT REDUCED HARM?**

Public drunkenness was decriminalised in Western Australia in 1990 in response to recommendations by the Royal Commission into Aboriginal Deaths in Custody. Aboriginal People were dying in custody at a disproportionate rate, in many instances when their only offence was public drunkenness. The intention of decriminalisation was to re-

duce harm by stopping people being arrested and held in custody solely for public drunkenness. A component of the program was the establishment of diversionary sobering up centres in locations with a high incidence of public drunkenness, and centres have been progressively established across the state since decriminalisation. This study examines the impact of decriminalisation in Western Australia. Alcohol consumption, rates of public drunkenness and a number of harm indicators, including drunk driving offenses, assaults, morbidity and mortality data, hospital outpatient cases and hospital accident and emergency room admissions, are compared across key locations and over the relevant time period. Decriminalisation by itself does not reduce harm. However, decriminalisation plus diversion from custody does have a beneficial impact. The best outcomes are achieved when decriminalisation is accompanied by diversion and community involvement in local alcohol harm prevention responses.

**STRANG, John; POWIS, Beverly; GRIFFITHS, Paul;  
and GOSSOP, Michael**

National Addiction Centre, UK

**HETEROSEXUAL ANAL INTERCOURSE AMONGST LONDON HEROIN  
AND COCAINE USERS**

This paper presents results of a sample of London heroin and cocaine users interviewed about their sexual practices, particularly with relation to drug use.

Overall levels of sexual activity were found to be higher than studies of the general population have indicated. High levels of heterosexual anal intercourse were found among the heroin and cocaine users. Of particular concern was the lack of condom usage when engaging in this activity.

The issue of anal intercourse and its risk for HIV transmission, despite being well addressed among men who have sex with men, is a subject that has had little attention paid to it with regard to heterosexual populations. This issue is rarely raised with drug users and their drug- or non-drug using partners. Practitioners working with the users of illicit drugs must now address all the health risk behaviours applicable to their clients.



**SUISSA, Jacob A.**

University of Québec à Montréal, Canada

**ALCOHOLICS ANONYMOUS AND THE DISEASE MODEL**

Through a critical analysis of the disease concept applied to the field of drug addiction and alcoholism, this presentation sheds light upon the ideological components in the social construction of this discourse. The Alcoholics Anonymous organization is used as an illustration, and is studied here as a social movement that has a significant influence in promoting the disease label. Finally, the author identifies the consequences of accepting the disease label, as a means of breaking the cycle of addiction, and reducing the harm for the individual and society.

**SUTHERLAND, Alistair**

Acorn Community Substance Misuse Services, UK

**ALCOHOL AND PRIMARY CARE**

This paper describes a project whose key purpose is to engage people who are drinking to excess in a process of change at as early a stage as possible in their drinking career. The project aims to assist Primary Health Care Teams identify clients drinking to excess and implement a minimal intervention programme to reduce the level of drinking in identified clients. The programme uses a range of methods to put alcohol on the agenda within a primary care setting.

This paper examines the advantages and disadvantages of these methods. Recommendations are made about productive ways to minimise alcohol related harm within primary health care settings.

T


**TAYLOR, Avril**

Communicable Diseases and Environmental Health Unit, UK

**FEMALE DRUG INJECTORS AND PARENTING**

This paper considers the effect that injecting drug use has on women's abilities as mothers. Based on participant observation and in-depth interviews with 22 female drug in-

jectors, the paper examines their attitudes to pregnancy and their expectations before and after the births of their children. Also considered is the effect of children both as motivators for change in their mothers' lives and as variables in their mothers' continued drug use.

It will be shown that drug injecting mothers' experiences of mothering and their behaviours towards their children reflect those of other mothers. Drug using mothers not only expect to adopt a traditional caring role towards their children but also carry this out effectively in the majority of cases.

These findings are in stark contrast to the widespread belief that drug injecting is evidence of lack of fitness for the task of parenting. The women's awareness of these negative attitudes towards them, coupled with their desire to maintain custody of their children, is discussed in terms of implications for help-seeking and harm reduction strategies.

**TAYLOR, Brent**

Kingston AIDS Project, Canada

**NALOXONE: EXPLORING COMMUNITY-BASED DISTRIBUTION**

This workshop will explore the socially-based context of opiate use and whether Naloxone (a narcotic antagonist) can be introduced into the opiate using community in a harm reducing manner. Given that death is the ultimate harm that drug use can cause, can the opiate using community be included in strategies to prevent deaths from opiate overdoses by being taught how to provide Naloxone administration to overdosing individuals?

At present Naloxone is administered by health professionals, however administration may not occur promptly enough to prevent death. By having Naloxone present at opiate-using residences, deaths may be prevented. However, what factors need to be addressed before opiate users themselves may be empowered to have Naloxone available to them: education, training, form of supplies, medical profession obstacles?

This workshop will be an informal exploration of these issues involved in community-based opiate-overdosed interventions. It will examine the socially based context of opiate-use overdose. The purpose of such examination would be to explore whether there may be realistic ways of introducing Naloxone (a narcotic antagonist) into the socially based context of opiate use.

**TOPELL, Andr  a Riesch**

Correctional Service of Canada, Canada

**HARM REDUCTION THROUGH EDUCATION: REACHING  
VULNERABLE POPULATIONS**

The purpose of this workshop is to explore innovative education models which target four high risk groups in society: sex trade workers, prisoners, street youth, and women injection drug users.

Many members of these special groups engage in high risk behaviours, increasing their chances for HIV infection. For a variety of reasons, these groups do not access conventional or traditional education initiatives concerning HIV risk reduction, and so require specific educational efforts from a harm reduction perspective which consider their circumstances and realities.

**Content of Workshop**

This workshop will describe the special needs of each at risk population and explore the innovative measures taken to meet these needs through education in efforts to reduce harm related to HIV infection.

**SPEAKERS**

Sex trade workers: Norma Hotaling

Prisoners: Andrea Riesch Toepell

Street youth: Rebecca Bassey

Women injection drug users: Laura Moore-Dempsey

**TOPELL, Andr  a Riesch**

Consultant: AIDS Research and Education, Canada

**EDUCATION FOR THE PRISON POPULATION: A MODEL OF HARM REDUCTION**

Previous research demonstrates the need for providing educational materials developed specifically for inmates. Prisoners have a superficial understanding of HIV/AIDS and do not seek HIV/AIDS information when outside of prison. Further, materials available outside of prison are not accessible to inmates as they are written at a high literacy level and do not use "clear language".

Educational programming developed for inmates must provide clear and simply written information concerning HIV and AIDS, testing, treatment options, and resources for additional services (condom distribution, needle exchange) and information on transmission. Educational initiatives must also address high risk behaviours practised both inside prison and upon release, including unsafe sex and sharing syringes for tattooing and injecting drugs.

Examples of materials which are sensitive to the educational and literacy needs of prisoners, and which are appropriate within the prison culture will be described.

**TOPELL, Andr  a Riesch**

Consultant: AIDS Research and Education, Canada

**CONTROVERSIES IN IMPLEMENTING HARM REDUCTION EFFORTS  
IN CANADIAN PRISONS**

HIV/AIDS is a very sensitive and controversial topic to explore within the prison setting. Efforts from outside corrections have involved the implementation of research and educational development. Community groups in some provinces have successfully demanded the distribution of condoms and dental dams, while the position of needle/bleach programs remains non-negotiable.

Staff have reacted with apprehension to most harm reduction efforts. Educational materials produced specifically for the prison population are considered insulting and offensive to staff, due to language and illustrations used. The acknowledgement of sexual and drug behaviours in prison is difficult for corrections staff, as it highlights illegal activities for which prisoners are punished. Even the distribution of condoms makes most staff uncomfortable and some institutions refuse to distribute them.

An analysis of the above barriers and politics involved in harm reduction efforts will be presented.

**TOPELL, Andr  a Riesch**

Consultant: AIDS Research and Education, Canada

**HIV PREVENTION FOR LOW LITERACY GROUPS**

Due to literacy difficulties, a significant portion of the community does not access HIV prevention resources, services or education. Often this group is comprised of people who are most at risk for contracting HIV through unsafe behaviours. In order for a harm reduction approach to be effective, it must be addressed to those who are most at risk, and provide clear information.

Attention must be given to the presentation of the information and the use of clear language. At times the use of "street terms" or unconventional terminology are the most effective means for making messages understood, especially concerning safer sex and safer needle use.



White space surrounding text on a page must be considered carefully. Illustrations and graphics play a very important role when used to accompany written information.

The style of the information presented and the tone taken in presenting it are ultimately the factors which will best facilitate the reader's absorption of the message. Messages must be relevant to the circumstances and realities of the people for whom prevention strategies are developed.

### **TORRIE, Allan M.; and TORRIE, J.E.**

Lake of the Woods District Hospital, Canada

#### **INTERVENING WITH CHRONIC SOLVENT ABUSERS USING TRADITIONAL ANISHINAABEG (OJIBWE) THERAPIES**

Okonagegayin (living breath) is an innovative healing program funded by the Ontario Ministry of Health and administered by the Lake of The Woods District Hospital, in cooperation with Anishinaabeg traditional medical-religious professionals who belong to the Anishinaabeg medicine society known as the medewin.

The program involved a four week healing process given to chronic solvent abusers. The location was a primitive wilderness camp forty kilometres from Kenora. The program, the clients and the process will be discussed. Statistical results, including follow-up, have shown positive results.

### **TOUFIK, Abdalla**

Institut de formation en Santé et à l'Action Sociale, France

#### **SUBSTITUTION AND SELF-ORGANIZATION OF DRUG-USERS**

The leadership of the self-help movement, before and after the AIDS epidemic, comes largely from the methadone movement, because it has ensured and still ensures that methadone users have a certain temporal and material disposability, without which many of these groups would never have been born.

One can even take the risk of suggesting a symmetry between the extension of substitution programs and the extension of the self-help movement. The parallel between methadone and self-help is especially striking in the last four years in Germany; compared with the active user, the "substituted" one, being free from the hellish circle of privation/search for money/drug use, is more able to engage himself in the formation and managing of self help groups.

From the beginning, the accessibility of methadone has been a main element in the emergence of the "junkiebonden" movement in the Netherlands. Those who thought about imitating this movement have been obliged, in order to guarantee the success of their programmes, to secure a product source.

The essential part played by the substitution drugs, either medically prescribed or "wild" in the emergence of self-help is not specific to Germany, however, as it appears in all countries, even those where methadone programs are very restricted. In France, only two of the leaders of ASUD - Auto-support des usagers de drogues - are substituted on methadone, whereas the others are "trying to make it" with Destromoramide, Buprenorphine, Morphine or even Codeine.

The leadership of the "substituted ones" in self help movements, compared to that of active users, has some advantages; as noted above, they are more free to engage in the formation and management of self help groups, and the "substituted" ones (as opposed to the ex-users), still have some important links with the drug subculture.

### **TRAUTMANN, Franz**

National Institute for Alcohol and Drugs (NIAD), the Netherlands

#### **PEER SUPPORT AS A METHOD FOR AIDS PREVENTION IN IDU COMMUNITIES**

In October 1993 NIAD started the project "Encouragement, development and support of AIDS prevention by peer support in intravenous drug user communities", supported by the Commission of European Communities. Based on experience with peer support in, among other countries, the Netherlands, the main activities of this project are organizing peer support training on the spot for peer leaders in IDU communities in six European countries (France, Germany, Italy, the Netherlands, Spain and the United Kingdom), and producing a training manual in four languages.

Central issues in the training (and in the manual) are the identification of effective methods for peer support aiming at safe use and safe sex (outreach work, training models for and by drug users, etc.); and the development of organizational aspects of peer support (networking, professional support, finances, etc.) As an outcome of the training and of additional support (expertise consultation, etc.), the project is expected to snowball, contributing to-

wards a reduction of risk behaviour by an increase of knowledge about safer use and safer sex and a change of attitude and social norms in IDU communities.

**VAN DOORNINCK, Maarten; and TRAUTMANN, Franz  
(presented by F. Trautmann)**

National Institute on Alcohol and Drugs (NIAD),  
the Netherlands

**DEVELOPMENT, PRETEST AND DISTRIBUTION OF THE BASICS BOX,  
A BOX WITH THE BASIC INJECTING EQUIPMENT FOR IV DRUG USERS**

Since January 1994 the Basics Box is available for Dutch IDU's. The pocket size Basics Box is developed to support IDU's in their efforts to prevent viral and bacterial infections. The box contains syringes, an extra needle, a spoon, ascorbic acid, alcohol swabs and sterile water. A special compartment is suitable for disposal of used syringes.

The Basics Box is supposed to have the following effects: 1) drug users will often have injecting equipment at hand, 2) syringe exchange projects will offer more materials, and 3) used syringes will be kept safely by drug users.

A pretest of a prototype in 1993 among 48 drug users in 7 Dutch cities showed a potential increase of preventive behaviour among IDU's. Respondents were asked (a) which materials they mostly or always had on them when they are not at home, and (b) which materials they find important to have on them when not at home.

	MOSTLY OR ALWAYS ON THEM (A)	IMPORTANT TO HAVE ON THEM (B)	DIFFERENCE/ POTENTIAL	
SYRINGE	31 OF 48	41	10	32%
EXTRA NEEDLE	3 OF 45	13	10	33%
SPOON	17 OF 38	28	11	64%
STERILE WATER	12 OF 48	24	12	100%
ASCORBIC ACID	24 OF 48	27	3	13%
ALCOHOL SWABS	10 OF 45	20	10	100%
FILTERS	19 OF 45	23	4	21%

Since the majority of the respondents were positive about the idea to develop a box for injecting equipment, the Basics Box project will probably contribute to safer injecting behaviour. In March provisional data on the distribution will be available.

**TREBACH, Arnold**

The Drug Policy foundation, USA

**HARM REDUCTION AT THE COMMUNITY LEVEL**

A discussion of case studies in local options for harm reduction, including the adoption of harm reduction measures as laid out in the Frankfurt Resolution; community level syringe exchange and outreach; programmes which provide heroin to users; and conflict resolution without police intervention. Speakers in this session include: Irvin Waller, Alex Wodak, John Turvey, and Arnold Trebach.

**TURVEY, John**

Downtown Eastside Activities Society, Canada

**BARRIERS TO RISK REDUCTION**

This presentation will identify emerging areas of discrimination that affect the delivery of services to members of the IV involved addict population. The focus will be the efforts of the DEYAS/Vancouver Needle Exchange, thus the issues presented will be those "emerging" in the City of Vancouver, in Canada.

**V**

**VAN BEEK, Ingrid; WARD, J.; HILL, P.; MATTICK, R.;  
KALDOR, J.**

Kirketon Road Centre; National Drug and Alcohol Research Centre; National Centre for HIV Epidemiology and Clinical Research; Australia

**METHADONE TREATMENT IN A PRIMARY HEALTH CARE SETTING — poster**

The paper reports on a study evaluating the effectiveness of methadone treatment, in a primary health care setting, in reducing HIV risk behaviour among opiate-dependent injecting drug users (IDUs) who have had difficulty accessing and remaining in existing methadone programs.

The Kirketon Road Centre (KRC) in Sydney is a primary health care centre targeting youth, sex workers and IDUs, and involved in the prevention, treatment and care of HIV and other transmissible infections. KRC clients were



invited to participate in a randomised controlled trial to evaluate the provision of methadone treatment at KRC, over a six month period. Participants were randomised to "methadone" or "usual care" at KRC. Those randomised to "usual care" were referred to other methadone programs as requested. Sociodemographic characteristics, drug use, HIV risk behaviour, criminal activity and drug treatment history, were recorded at the outset, and are to be followed up at 3 and 6 months.

72 subjects were recruited at KRC, commencing in August 1993, over a 2-month period. The mean median ages for KRC subjects was 25 and 24 years, as compared to 32.5 and 33 years for the state's current methadone population ( $n=7,868$ ). Age of first drug use and of drug dependence was 14 and 18 years for KRC subjects, compared to 15 and 20 years for clients attending nearby public methadone clinics ( $n=185$ ). There were no significant gender differences. There was no significant difference in the level of HIV risk behaviour between the two groups recruited at KRC. This information is not available for the state. Age at first criminal charge was 16 years for KRC subjects and 19 years for clients attending nearby methadone clinics. Any previous and mean total months spent in methadone treatment was 48.5% and 7 months for KRC subjects, compared to 64% and 18 months for the state.

#### **VEALE, Jacob**

Drugs & Crime Forum, UK

#### **AFTER THE "WAR" - MAKING A PEACE WITH DRUGS**

A consensus is emerging amongst many policy makers and service providers in the United Kingdom that reliance on criminal law enforcement and detoxification-based drug services has failed to control illicit drug use and dealing. This presentation summarises the evidence and arguments that lead to this view, drawing on the experience of Hammersmith and Fulham (part of inner London) as a case study, and focusing on income-generating crimes such as burglary, and the extent to which these may be drug-related. Changes in both law enforcement and drug service policy aimed at reducing drug-related crime are outlined and evaluated with particular reference to "drug of choice" maintenance prescribing. Finally, the probable needs of those whose drug use is legitimised by maintenance prescribing are outlined, and it is suggested that a

range of new disciplines and services must be mobilised to address these needs.

#### **VERHOEF, Guus J.**

NeVIV, the Netherlands

#### **DEVELOPING QUALITY ASSURANCE SYSTEMS FOR OUTPATIENT ADDICTION CARE SERVICES IN THE NETHERLANDS**

NeVIV is the National Association for all institutes involved in out-patient addiction treatment and care services in the Netherlands. NeVIV was founded January 1st, 1993 out of the former NVC and KGOD. About 95% of all services in the Dutch field are members of NeVIV. The NeVIV acts as an employers' organization and negotiates with workers on labour conditions and wages. In addition, the organization runs meetings and conferences about specific topics such as quality improvement, management, new methods, policy-making etc., which are of interest to the member organizations. Most importantly, NeVIV represents a development towards a collective promotion of interests. The policy on drugs is normalization, and with this policy, support for the Dutch government which has opted for a pragmatic and realistic approach to the drug problem. For many years, harm reduction has been a key issue in the Netherlands.

To introduce harm reduction approaches all over the world it is necessary to deal worldwide with national organizations representing collected interests. In our opinion NeVIV can be THE model for this collective. The paper will outline the organization's structure, activities, and effects.

# W

#### **WACHTEL, Boaz**

Freedom House, USA

#### **IMPLEMENTATION STRATEGIES FOR HARM REDUCTION GOALS: THE IBOGAINE EXAMPLE**

Influencing decision makers and implementing harm reduction strategies are central goals of this social change movement. As the case with Ibogaine development

proves, achieving these policy goals is contingent mainly on the dissemination of positive anecdotal and scientific results that support proposed changes in the drug abuse, public health, socio-economic and legal matrix.

The author argues that defining and prioritizing narrow policy goals, backed by scientific findings and an international action network, helps in the implementation of significant and desirable social changes. In addition, the formation of an international mechanism to strengthen political campaigns that promote harm reduction principles is necessary so that the electoral power of voters and families (involved with drug issues) can be utilized to influence political spheres that are the key to changes on the institutional/regulatory levels.

### **WALLER, Irvin**

Department of Criminology, University of Ottawa, Canada

#### **PREVENTION OF VIOLENCE AND ILLICIT DRUG USE: A QUESTION OF CHOICE FOR MAYORS**

Mayors of cities can reduce violence and illicit drug use, if they reallocate human and financial resources to policies that are proven to work or are based on scientific knowledge.

Existing eighteenth century policies threaten domestic tranquility with rampant violence and illicit drug use. They cost the USA alone \$425 billion in cops, courts, and corrections, private security, and lost or wasted lives. Unprecedented prison use in the USA, rising from 400,000 prisoners in 1970 to 1.2 million in 1992, did little for violence and persistent illicit drug use.

Violence and drug use vary with national levels of relative child poverty, inclusiveness of schools, family and community cohesiveness and access to the job market. Scientific evaluations show substantial reductions from investments such as child care for at risk kids, problem oriented policing in public housing, inner-city family havens or job training within a structured community. Scientific longitudinal studies and self-report surveys identify the factors that must be targeted.

Countries such as France, Sweden, and England have policies that promote safer communities through tackling the factors generating violence and illicit drug use. Texas mayors, like their French colleagues, have established community action plans for crime prevention geared to safer communities by the year 2000.

Drain the swamp rather than fight the alligators. The

United Nations Crime Prevention and Criminal Justice Programme and major international conferences of mayors highlight "integrative" crime prevention planning. These co-ordinate leaders of housing, schooling, social service, health and policing agencies in the problem analysis of violence and illicit drug use, as well as inventorying policies, developing joint strategies, and evaluating existing programmes.

National support through technical assistance, training, evaluation and funding can help, as well as learning what works in different countries and communities. Canada is talking of a national crime prevention council and creating an international centre for the prevention of crime.

### **STRANG, John; FOUNTAIN, Jane; GRIFFITHS, Paul; and GOSSOP, Michael. (presented by J. Ward)**

National Addiction Centre, UK

#### **LETTING THE CLIENT SPEAK: CONDUCTING A COMPREHENSIVE SERVICE REVIEW.**

Academic research projects often remain distant from the practical issues of day-to-day treatment provision. Such collaboration however, can be mutually advantageous, not only allowing service providers to benefit from the input of specialist skills but also focusing the minds of researchers on the pragmatic business of service delivery.

This presentation will focus on a recent review of service provision in three London boroughs. This review was conducted to inform the future purchasing strategy for treatment and harm reduction services. It included: an audit of current service provision, a client satisfaction survey administered to all clients currently attending at treatment agencies, a non-treatment survey on attitudes to and knowledge about services amongst drug users in the community, and focus groups which explored in detail the views of specific groups, such as young drug users, those not in treatment, and women service users. Such a comprehensive service review is important if treatment provision is to adequately respond to the needs of both current and potential clients. Such activity can be useful in identifying gaps in current provision or dissatisfaction with aspects of service delivery.



**WATSON, Marion**

Assisting Drug Dependents, Inc., Australia

**ANABOLIC STEROID INJECTORS: THE NEW PARIAHS**

This is a report of a study of the behaviour of 167 injecting anabolic steroids (AS) users to assess their HIV risk through injecting. While the reported incidence of needle sharing was minimal, other aspects of their behaviour indicate that although this population may not be at risk of HIV transmission through injecting, the culture that is currently developing does provide cause for concern.

88 people in Canberra gyms and 79 in Sydney (36 in gyms and 43 from a doctor's clinic) were surveyed using "peer" surveyors to contact them, and a self-administered questionnaire. The responses indicate that the absence of medical practitioner prescribing of anabolic steroids had a definite impact on the way in which users managed their steroids use and the dosages taken.

The comparative assessment of the incidence of reported side-effects indicated that those being prescribed anabolic steroids by a medical practitioner were more likely to have their health monitored during their steroid "builds" and less likely to have unwanted side effects. A strong majority in all groups (75-85%), however, declared themselves to be satisfied with the outcomes of their use of Anabolic Steroids.

The methodology of this study was of even greater importance than the outcomes. Like heroin users, the only way to contact AS users quickly was through "peer surveying", i.e., one of their number was employed to undertake the delivery and retrieval of the self-administered questionnaires. Once contacted, AS Users were happy to approach the outreach agency on follow up occasions for advice. The issue of "sports cheats" provides a moral imperative for AS users to become dishonest.

New legislation around Australia means that we have a new set of pariahs. The development of a black market in anabolic steroids has grown despite the fact that some veterinary preparations (e.g. testosterone cypionate, not a steroid but used for body building) are still available over the counter. This black market development could be compared to the construction of the heroin trade and may be possibly the recipe for disaster that the banning of heroin was for narcotic users.

**WEBER, Tim; CHEUNG, Yuet W.; and BIRING, Purvi.**

Addiction Research Foundation, Canada; and University of Hong Kong, Hong Kong

**ALCOHOL USE AND ITS SOCIOCULTURAL AND PSYCHOLOGICAL CORRELATES IN THE PUNJABI COMMUNITY IN PEEL: IMPLICATIONS FOR HARM REDUCTION IN AN ETHNOCULTURAL COMMUNITY**

Despite the quest in recent years for ethnocultural sensitivity and responsiveness in prevention, treatment and intervention programs in the addictions and other fields of health care, there have been very few scientific studies of ethnocultural communities that provide data pertaining to the prevalence and social and psychological correlates of alcohol and other drug use. An exception is the Peel Punjabi Community Project, started in 1991 as a collaborative effort between A.R.F., the Peel Health Department, some individuals and groups in the Punjabi Community in Peel, and a number of social services agencies. The Punjabi Community of Peel offers an excellent opportunity for addressing some of the major ethnocultural issues in alcohol/drug use and related problems. The large percentage of immigrants in the community (due to its relatively short history in Canada), the vast differences between the Punjabi culture and the mainstream Canadian culture, the closely knit structure of the community, etc., allows us to examine how alcohol/drug use and misuse may present themselves in the process of cultural adaptation and culture conflict. Findings from the project will have implications for ethnoculturally sensitive and responsive harm reduction strategies.

**WELLS, Paul; and RICHARDS, Amanda**

Coventry Community Drug Team & Turning Point, UK

**THE CAUTIONING OF DRUG USERS**

The paper reviews a local response to the Home Office Circular 59/90 'The Cautioning of Offenders'. A decision by the West Midlands Police Force in 1991 to adopt a cautioning policy led to the establishment of an inter-agency group to look at the implementation of cautioning of illegal drug users. Coventry was chosen as all the agencies involved shared the same operational boundary and there were existing positive relationships.

The Drugs Inter-Agency Liaison (DIAL) scheme sought to bring together a multi-disciplinary group to assist in developing cautioning for those who were seen by the Police as falling between a caution and charge. This paper will

examine what was achieved, the problems experienced in attaining the original objectives, and its eventual ending.

### **WEVERS, Anke**

Boumanhuis Foundation, the Netherlands

#### **GENDERSPECIFIC TREATMENT - A NEW WAY TO QUALITY**

During the integration of (female) gender specific treatment methods in the Boumanhuis Foundation over the last 3 years, we have seen a change in the structural (male) behaviour of the staff. At first, there was resistance to this new gendered approach. This resistance is understandable, because changing your attitude and behaviour during your work, creating equalities on several levels with your clients and colleagues and thinking about the relation between the clients' position and his or her environment is disturbing. When people choose to work based on these new principles, one may be battling with oneself.

When an organization changes its policy about treatment methods, the implementation/strategy has to be chosen very carefully. In the last three years, we have developed an implementation strategy based upon two main aims:

- Increasing knowledge and changing attitude
- Practical approach

During this presentation, the development of training courses will be discussed:

- 1) General training courses on female socialization, classism and female suppression (80 staff members, male and female, participated in these training courses).
- 2) Courses about drug use and sexual violence (36 participants)
- 3) Training on body-work/language for workers (8 participants)
- 4) Translating knowledge in to the daily work environment (i.e., on the job training, and co-operation with the regular health organizations for treatment based on using drugs, sexual violence or incest/trauma etc.).

Now, in 1993 we see that the quality of our care/aid is rising, which may be partly attributed to the training courses on female-specific treatment methods. Both male and female workers conclude that this new way of working with the client is better.

In the mainstream of women's issues, we developed a group for male clients on their socialization and lifestyles. Through training on the signals of sexually abused female clients, we are better able to keep "an eye open" for male clients who have been sexually abuse.

I will give a short overview on female-specific treatment methods, concerning both in- and out-patients, as well as the implementation strategy for these methods.

### **WHITE, Cheryl Lynn**

Kingston AIDS Project, Canada

#### **HARM REDUCTION AND INTRAVENOUS DRUG USE IN FEDERAL INSTITUTIONS**

The current policies and procedures employed by Correctional Services Canada (CSC) regarding drug use and drug-related paraphernalia are directly contributing to the rapidly increasing HIV/AIDS epidemic within the Canadian Federal prison system. As a front-line HIV/AIDS educator and counsellor working in ten Federal Institutions around the Kingston area, I shall critically address this issue in the following ways: 1) a general overview of intravenous drug use (IDU) within Federal Institutions around the Kingston area (including a prison for women); 2) a discussion of the current HIV/AIDS epidemic within Federal prisons around Kingston; 3) a presentation and critical analysis of existing CSC policies and procedures regarding IDU in the Federal System; 4) practical suggestions for immediate changes based on the needs-assessments of federally incarcerated women and men (especially those who are infected or affected by HIV/AIDS).

This paper will take up the interrelated issues of IDU in Federal Institutions from a 'Harm Reduction/Health Promotion' perspective: the belief that all persons deserve equal access to harm reduction information and materials and that drug use is a health issue, not a criminal one. The subjective insights which I have gleaned from the federally incarcerated women and men with whom I work on a daily basis will provide hands-on information and strategies geared towards the common goal of reducing drug related harm that we are all striving for at this conference.

### **WISOTSKY, Steve**

Nova University, USA

#### **THE U.S. WAR ON DRUGS: PAST AND PROLOGUE**

Since 1982, American political leaders, in their Quixotic pursuit of the statutory goal of a drug-free America, have abandoned our constitutional heritage of limited govern-



ment and individual freedoms while endowing the bureaucratic state with unprecedented powers.

Americans have been slow to appreciate that the War on Drugs is a war on their rights. Because the drug industry arises from the voluntary and secret transactions of tens of millions of individuals, the aggressive law enforcement schemes that constitute the war on drugs must aim at penetrating their private lives. Because nearly anyone may be suspected of being a drug user or seller of drugs, or an aider and abettor of the drug industry, (by accepting cash), virtually everyone has become a suspect. All must be observed, checked, screened, and urine-tested, the guilty and innocent alike.

There are signs of moderation from the Clinton Administration. But after 12 years of relentless escalations in the War on Drugs, it is a long way back to reasonable criminal justice policies and sensible management of legitimate drug concerns.

#### **WODAK, Alex; and CROFTS, Nick**

St. Vincent's Hospital; McFarlane Burnet Centre on Medical Research; Australia

#### **SON OF HIV: REDUCING THE SPREAD OF HEPATITIS C VIRUS AMONG INJECTING DRUG USERS**

The magnitude of the Hepatitis C (HCV) epidemic in injecting drug users (IDUs) has been seriously underestimated. Incidence and prevalence levels are high. HCV prevalence in Australia is at least five times greater and incidence at least fifteen times greater than HIV. At least 20% of HCV infected individuals develop cirrhosis within ten years, of whom 5% develop a hepatocellular carcinoma. Treatment is expensive and only partially effective. Preventing spread is more difficult than HIV because of higher baseline prevalence and greater blood-blood infectiousness, although sexual transmission is less than for HIV. Prevention requires: treating HCV prevention as an urgent public health issue; intensification of measures which slow HIV spread among IDUs; educating IDUs about risks of HCV; drug policy reform to reduce prices and raise purity of street drugs to encourage transition from injecting to ingesting; and development of a non-reusable needle and syringe.

#### **WODAK, Alex**

St. Vincent's Hospital, Australia

#### **REDUCING ALCOHOL-RELATED VIOLENCE AT THE LOCAL LEVEL**

The Eastside Sydney Project was established to reduce alcohol related violence in two defined geographical areas of the inner city, using a community development model. The effectiveness of strategies used to reduce alcohol-related violence at the local level has been reviewed. An approach involving individuals and community organisations has been adopted and an evaluation process developed. A manual is being prepared to facilitate replication of this project elsewhere. The project involves individuals drawn from local government, the police force, community health services and a teaching hospital. This paper will review the first nine months of a two-year project, which already indicates that working with the alcohol beverage retail industry is one of the more difficult aspects of this work.

#### **WODAK, Alex**

St. Vincent's Hospital, Australia

#### **HARM REDUCTION IN AUSTRALIAN COMMUNITIES**

Harm reduction programmes have now been introduced in many communities in Australia and are a critical part of the National Drug Strategy. HIV infection is still relatively uncommon in Australian injecting drug users (<5%) despite high prevalence of HIV infection in other risk groups, perhaps because prevention strategies were identified early and implemented vigorously. A national drug policy of harm minimisation was declared in 1985. The availability of sterile injecting equipment was increased from 1986. Other strategies have also been pursued vigorously including education, expansion of methadone availability and establishment of organizations of drug users. Some of these strategies and recent developments in Australian drug policy and programming will be discussed in this presentation.

**WODAK, Alex**

St. Vincent's Hospital, Australia

**NEEDLE EXCHANGE AND BLEACH DISTRIBUTION PROGRAMMES IN AUSTRALIA: A REVIEW OF THE FIRST EIGHT YEARS.**

HIV infection is still relatively uncommon in Australian injecting drug users (< 5%) despite high prevalence of HIV infection in other risk groups. Prevention strategies were identified early and implemented vigorously. A national drug policy of minimisation of harm was declared in 1985. The availability of sterile injecting equipment was increased from 1986. Approximately 3-4 million new needles and syringes are provided each year to an estimated 100,000 - 200,000 injecting drug users. Unintended negative consequences of NSEP have been minor. Other strategies have also been pursued vigorously including education, expansion of methadone provision and establishment of organisations of drug users. Frequency of high risk injection practices has apparently declined although baseline levels are high. Support for prevention policies remains high. The continuing international spread of HIV among and from IDUs, high incidence levels of HCV, and continuing high levels of HIV risk behaviour suggest that future spread of HIV to IDUs in Australia cannot be discounted. The public health impact of HIV spread among IDUs in prisons has been underestimated with few prison prevention strategies implemented. Prohibition, increasingly seen as expensive, ineffective and counter-productive, also impairs the effectiveness of efforts to control the spread of HIV.

**WORDEN, Robert E.**

University of Albany, SUNY, USA

**CONTINUITY AND CHANGE IN STREET-LEVEL DRUG ENFORCEMENT**

In this paper I first describe continuity in street-level drug enforcement in the U.S., that is, the practices of street-level drug enforcement which have been largely unchanged for the past two decades, and then I will discuss change, and the recent emergence of different forms of street-level drug enforcement. These more recently developed practices have less to do with supply reduction and more to do with harm reduction. I will then consider the political and organizational forces that make continuity more likely than change.

**WRIGHT, Kendra E.**

Drug Policy Foundation, USA

**THE INTERNATIONAL NETWORK OF CITIES ON DRUG POLICY**

On November 17, 1993, the International Network of Cities on Drug Policy (INCDP) was created by 88 charter members representing 41 cities from 19 countries. Network membership consists of city officials and their representatives. The main objective of the Network is to develop coordinated drug strategies, utilizing both health and police officials, in cities around the world. Harm reduction will be the basis of these new policies.

The INCDP workshop at the 5th International Conference on the Reduction of Drug Related Harm will report on the INCDP meeting which will be held immediately before the harm reduction conference. We will seek conference attendees' advice and expertise in developing the Network and detail the upcoming programs of the Network: annual conference, computer network of members, newsletter, exchange program for city officials, technical assistance in implementing harm reduction, and fund raising.


**ZALUAR, Alba**

UNICAMP/IMS-VERJ, Brazil

**THE CONSEQUENCES OF THE WAR ON DRUGS**

This paper deals with the consequences of the "War on Drugs" in Brazil. It will address the impressive increase in violent criminality, especially homicides, and violent deaths. The participation of young males in this "War" is also a focus, as Brazil nowadays looks demographically like a country at war. Finally, it examines police repression and the tendencies of judicial processes concerning drugs during the last decades.

The second theme dealt with is the types of drugs which are most commonly used by the youngsters, the first six of them obtained in the legal market. Only marijuana and cocaine are linked to violence and crime, because of repressive policies and illegal traffic.

The third theme to be discussed is the political consequences of this situation in Brazil.



**ZAMAN, M.; JALAL UDDIN, SEIKH Md;  
and FATEMA, Soheli**

Institute of Training Concern, Bangladesh

**REDUCTION OF DRUG RELATED HARM AND HUMAN RIGHTS**

This workshop will address drug related harm and drug policy and its uses, keeping in mind nature and human rights. As most of the South Asian countries' peoples are illiterate and in over populated conditions, this is why they have not yet realized the merits and demerits of harm reduction to reduce drug-related harm.

In this workshop, ITC would discuss the reduction of drug related harm, and its policy and uses, considering human rights and nature.

## Also

**DAVIES, John**

University of Strathclyde, Scotland

**ADDICTION AS ATTRIBUTION: APPLICATIONS IN THE CLINICAL AND IN THE PRISON CONTEXT.**

Central to the concept of addiction is the notion that the excessive use of particular pharmacological substances produces a state in which the user loses volitional control of behaviour. Once "addicted", decisions about drug use are driven, it is assumed, by pharmacological compulsion; a process from which the wishes and desires of the user are assumed to be absent. However, recent research into attribution theory and the attribution of addiction indicates that the kinds of explanations people choose in relation to drug use are heavily dependent upon context. Because of the legal and social sanctions surrounding drug use and the way in which the activity is perceived by the general public, addicted style attributions (internal stable or external stable) are functional in particular contexts especially where drug users come into contact with formal legal or social agencies. At other times their explanations may be characterized by greater degrees of volition and choice.

Earlier research has concentrated on the processes lying behind attributional explanations and the secondary process by which these explanations become self-fulfilling prophecies. There is now sufficient research material to

hand to allow tests of this theory in real contexts. At the present time the Addiction Research Group at the University of Strathclyde is involved in practical applications of this point of view in two different spheres, namely a) in clinical practice and b) in Scottish prisons.

Finally it remains only to say that for the most part in the UK, and particularly in the UK media, stereotyped perceptions of drug use encapsulated in the notion of the "helpless junkie" continue to prevail. It is a matter of regret that many people in positions of power still appear to accept this damaging view of drug use. Within that context the attributional approach to addiction problems indicates that the "addiction" construct derives from nothing more than a functional need to present drug using behaviour as non-volitional in circumstances which in the United Kingdom and other western countries are usually threatening.

**LEENDERS, Frans H. R.; LAFEBER, Hanneke;  
and VAN ES, Margot**

Boumanhuis, the Netherlands

**"DAPAC" PROJECT IN THE NETHERLANDS**

Dapac stands for 'drug addicted parents and their children' and represents a number of projects in this area. The first projects, executed in the late eighties, were mainly of an epidemiological, descriptive nature.

This presentation concerns a project which involved early detection of and intervention in developmental disturbances, risky caretaking practices and child-raising conditions among multi-problem families, in which the parents were involved in hard drug use. The evaluation of this project involved a two-year longitudinal study with 5 measurements compiled from various data sources, among others: developmental outcomes, parent-child interaction, parental characteristics and socio-ecological data. Two groups of families were compared: an experimental group of 42 families that were coached with the DAPAC procedures and a comparison group of 29 families that were coached in the 'traditional' way.

The evaluation data was collected through questionnaires for parents (about parental and childrens characteristics) and for social workers (about parenting behavior), observations during five home visits, developmental and intelligence tests and various kinds of ratings.

The outcomes of this evaluation will be presented. The evaluated method focuses on the restoration of parental re-

sponsivity and responsibility, and may illustrate that the aims of harm reduction may very well be compatible with 'hard boiled' empirical evaluation and data gathering.

**MYERS, Ted; COCKERILL, R.; MILLSON, M.; RANKIN, J.; and WORTHINGTON, C.**

Department of Health Administration, Department of Preventive Medicine and Biostatistics, University of Toronto; Addiction Research Foundation; Canada

**COMMUNITY PHARMACIES' ROLE IN HARM REDUCTION RELATED TO HIV PREVENTION: RESULTS OF A NATIONAL SURVEY**

**OBJECTIVES:** This paper will examine the influence of policy on pharmacies' current and future roles in harm reduction strategies in response to HIV.

**METHOD:** Questionnaires were mailed to owner-managers of 2,017 randomly selected pharmacies from all provinces and territories. Questions were asked about current and future practices, and practice characteristics.

**RESULTS:** The overall response to the survey was 84.6%. Nationally, 83% indicated that they would sell needles and syringes in at least some cases to injection drug users (range by province from 14.1% to 42.6%). Currently, 13.3% had on-site needle disposal units (range by province 5.5% to 16.2%). Over half were supportive of providing on-site needle disposal units in the future.

**CONCLUSIONS:** Although changes in practice have occurred, policy remains an important influence on the sales of injecting equipment to IDUs. The study highlights the roles that government, regulatory bodies, professional associations and educators have in introducing harm reduction programmes.











